

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90334 019 *****61.25

DOCUMENT # 763199

1. Entity Name

SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

P.O. BOX 947
8550 64TH AVENUE
WABASSO FL 32970

Mailing Address

P.O. BOX 947
8550 64TH AVENUE
WABASSO FL 32970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2357994**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GARRETT, PAT~~
~~8526 61ST DRIVE~~
~~WABASSO FL 32970~~

7. Name and Address of New Registered Agent

Name: **Woulard, Henry P.**
Street Address (P.O. Box Number is Not Acceptable)
6125 85th St., P.O. Box 577
City: **Wabasso** FL Zip Code **32970**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	WOULARD, HENRY P.	
STREET ADDRESS	6125 85TH ST. (P.O. BOX 577)	
CITY-ST-ZIP	WABASSO FL 32970	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MINNIS, WILLIAM JR.	
STREET ADDRESS	8466 63RD AVE.	
CITY-ST-ZIP	WABASSO FL 32970	
TITLE	T	<input type="checkbox"/> Delete
NAME	AARON, SHIRLEY	
STREET ADDRESS	1586 HIGHLAND AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALKER, DOROTHY J.	
STREET ADDRESS	4660 32ND AVE.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WEAVER, GEORGIA M. ,	
STREET ADDRESS	1487 LACONIA ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	8435 - 58th CT	
STREET ADDRESS	WABASSO, FLA. 32970	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)