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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763214** (4)
1. Corporation Name

SAINT MATTHEWS MISSIONARY BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.

Principal Place of Business 1818 NORTH 17TH ST. FT. PIERCE FL 34950	Mailing Address 1818 NORTH 17TH ST. FT. PIERCE FL 34950
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2. Principal Place of Business 21 St. Matthews M B C Suite, Apt. #, etc.	2a. Mailing Address 26 1818 North 17th Str. Suite, Apt. #, etc.
22 City & State 23 Ft. Pierce, FL	27 City & State 28 Ft. Pierce, FL
24 Zip 34950 25 Country USA	29 Zip 34950 30 Country USA

3. Date Incorporated or Qualified 05/11/1982	
4. FEI Number 59-2558155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SALTERS, LAWRENCE C.
2001 NORTH 41ST ST.
FT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lawrence C. Salters* (NOTE: Registered Agent signature required when restating) DATE **JAN. 26, 1998**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BYNOE, WHITFIELD
STREET ADDRESS	2607 BENNETT DRIVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, BENJAMIN
STREET ADDRESS	2516 AVENUE K
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, CLYDE W
STREET ADDRESS	4808 BARCELONA AVENUE
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SALTERS, LAWRENCE
STREET ADDRESS	2001 NORTH 41ST ST.
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNS, YOUNG
STREET ADDRESS	702 N 27TH ST
CITY-ST-ZIP	FT PIERCE, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MARSHALL, RUTH
STREET ADDRESS	3005 CARVER STREET
CITY-ST-ZIP	FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth Marshall* 1-15-98 (561)461 - 8697

CR2E037 (10/97)