

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 29 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763214

1. Corporation Name

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

Principal Place of Business

ST MATTHEWS M B C  
FT PIERCE FL 34950  
US

Mailing Address

1818 NORTH 17TH STR  
FT PIERCE F 34950  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2558155	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALTERS, LAWRENCE C. 2001 NORTH 41ST ST. FT PIERCE FL 34947				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 Salter *Lawrence C. Salter* 2/11/1999  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BYNOE, WHITFIELD			1.2 NAME	200002831222-9		
STREET ADDRESS	2607 BENNETT DRIVE			1.3 STREET ADDRESS	-04/06/98--01073-022		
CITY-ST-ZIP	FT PIERCE FL			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MITCHELL, BENJAMIN			2.2 NAME			
STREET ADDRESS	2516 AVENUE K			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MITCHELL, CLYDE W			3.2 NAME			
STREET ADDRESS	4808 BARCELONA AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SALTERS, LAWRENCE			4.2 NAME			
STREET ADDRESS	2001 NORTH 41ST ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNS, YOUNG			5.2 NAME			
STREET ADDRESS	702 N 27TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARSHALL, RUTH			6.2 NAME			
STREET ADDRESS	3005 CARVER STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			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)(l), 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, with all other like empowered.

SIGNATURE: Ruth E. Marshall *Ruth E. Marshall* 2/11/1999 561-461-8697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0074298

CR2E037 (11/98)