

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90017 048 \*\*\*\*61.25

**DOCUMENT # 763214**

1. Entity Name

**SAINT MATTHEWS MISSIONARY BAPTIST CHURCH OF FORT**

Principal Place of Business

Mailing Address

ST. MATTHEWS M B C  
 FT PIERCE FL 34950  
 US

1818 NORTH 17TH STR  
 FT PIERCE F 34950-2148  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2558 155**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Lawrence C. Salter

*Lawrence C. Salter*

01/14/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D BYNOE, WHITFIELD**  
 STREET ADDRESS **2607 BENNETT DRIVE**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MITCHELL, BENJAMIN**  
 STREET ADDRESS **2516 AVENUE K**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MITCHELL, CLYDE W**  
 STREET ADDRESS **4808 BARCELONA AVENUE**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SALTERS, LAWRENCE**  
 STREET ADDRESS **2001 NORTH 41ST ST.**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JOHNS, YOUNG**  
 STREET ADDRESS **702 N 27TH ST**  
 CITY-ST-ZIP **FT PIERCE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S MARSHALL, RUTH**  
 STREET ADDRESS **3005 CARVER STREET**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE  Change  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: Ruth Marshall  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/00

(561)461-8697

Date

Daytime Phone #