

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90065 007 ****61.25

DOCUMENT # 763214

1. Entity Name

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

Principal Place of Business

Mailing Address

**ST MATTHEWS M B C
 FT PIERCE FL 34950
 US**

**1818 NORTH 17TH STR
 FT PIERCE F 34950
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2558155

Applied For

Not Applicable

Zip

Country

Zip

Country

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. Salters

Lawrence C. Salters

02-20-02

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	D <input checked="" 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

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	
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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: Ruth Marshall *Ruth Marshall* 02-20-02

(561) 461-8697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)