


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 018 ****61.25

DOCUMENT # 763214					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2558155	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYNOE, WHITFIELD	NAME			
STREET ADDRESS	2607 BENNETT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, BENJAMIN	NAME			
STREET ADDRESS	2516 AVENUE K	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, CLYDE W	NAME			
STREET ADDRESS	4808 BARCELONA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTERS, LAWRENCE	NAME			
STREET ADDRESS	2001 NORTH 41ST ST.	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNS, YOUNG	NAME			
STREET ADDRESS	702 N 27TH ST	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000,	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARSHALL, RUTH	NAME	Verlean Mitchell		
STREET ADDRESS	3005 CARVER STREET	STREET ADDRESS	4808 Barcelona Avenue		
CITY-ST-ZIP	FT PIERCE, FL	CITY-ST-ZIP	Ft. pierce, FL 34946		
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: <i>Verlean Mitchell</i>		Verlean Mitchell		3/12/04 (772)429-4634	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	