


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90289 011 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2558155	
				Applied For Not Applicable	
				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 Lawrence C. Salter		
			Street Address (P.O. Box Number is Not Acceptable)		
			City 260 Champagne Ct. N.W.		
			City Vero Beach		
			FL		
			Zip Code 32968		
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		Lawrence C. Salter <i>Lawrence C. Salter</i>		February 25, 2005	
		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALTERS, LAWRENCE		NAME	Lawrence C. Salter	
STREET ADDRESS	2001 NORTH 41ST ST.		STREET ADDRESS	260 Champagne Ct. N.W.	
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNS, YOUNG		NAME	John S. Young	
STREET ADDRESS	702 N 27TH ST		STREET ADDRESS	702 N. 27th Street	
CITY-ST-ZIP	FT PIERCE, FL 00000,		CITY-ST-ZIP	Ft. Pierce, FL 34934947	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, VERLEAN		NAME		
STREET ADDRESS	4808 BARCELONA AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		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: Verlean Mitchell <i>Verlean Mitchell</i>		Date: 02/25/05		Time Phone #: (772) 4294634	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			