



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90289 011 \*\*\*\*61.25

<b>DOCUMENT # 763214</b> 1. Entity Name <b>SAINT MATTHEWS MISSIONARY BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.</b>					
Principal Place of Business <b>ST MATTHEWS M B C FT PIERCE, FL 34950 US</b>				Mailing Address <b>1818 NORTH 17TH STR FT PIERCE, F 34950 US</b>	
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 <b>59-2558155</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SALTERS, LAWRENCE C. 2001 NORTH 41ST ST. FT PIERCE, FL 34947</b>				7. Name and Address of New Registered Agent Name <b>Lawrence C. Salter</b> Street Address (P.O. Box Number is Not Acceptable)  <b>260 Champagne Ct. N.W.</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32968</b>	
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 <u>Lawrence C. Salter</u> <i>Lawrence C. Salter</i> <span style="float: right;">February 25, 2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BYNOE, WHITFIELD</b> <b>2607 BENNETT DRIVE</b> <b>FT PIERCE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, BENJAMIN</b> <b>2516 AVENUE K</b> <b>FT PIERCE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, CLYDE W</b> <b>4808 BARCELONA AVENUE</b> <b>FT PIERCE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALTERS, LAWRENCE</b> <b>2001 NORTH 41ST ST.</b> <b>FT PIERCE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence C. Salter</b> <b>260 Champagne Ct. N.W.</b> <b>Vero Beach, FL 32968</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNS, YOUNG</b> <b>702 N 27TH ST</b> <b>FT PIERCE, FL 00000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John S. Young</b> <b>702 N. 27th Street</b> <b>Ft. Pierce, FL 34947</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MITCHELL, VERLEAN</b> <b>4808 BARCELONA AVE</b> <b>FORT PIERCE, FL 34946</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Verlean Mitchell</b> <i>Verlean Mitchell</i> <span style="float: right;">02/25/05 (772) 4294634</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					