

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90166 049 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-2558155

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 SALTERS, LAWRENCE C.  
 250 CAMPAGNE COURT NW  
 VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

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 Lawrence C. Salters *Lawrence C. Salters* February 22, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input 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	SALTER, LAWRENCE C	
STREET ADDRESS	260 CHAMPAGNE COURT NW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, YOUNG	
STREET ADDRESS	702 N 27TH ST	
CITY-ST-ZIP	FORT PIERCE, FL 34934947	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, VERLEAN	
STREET ADDRESS	4808 BARCELONA AVE	
CITY-ST-ZIP	FORT PIERCE, FL 34946	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, John S.	
STREET ADDRESS	702 N 27th St	
CITY-ST-ZIP	Ft. Pierce, FL 34947	
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 exemptions contained in Chapter 119, 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 *Verlean Mitchell* 02/22/06 (772)461-6217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #