

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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 1818 NORTH 17TH STR
 FT PIERCE, FL 34950 US FT PIERCE, F 34950 US



03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2558155 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

DO NOT WRITE IN THIS SPACE

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.
 Lawrence C. Salter *Lawrence C. Salter* March 11, 2007
 SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000669866
 03/27/07-80089-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYNOE, WHITFIELD
STREET ADDRESS	2607 BENNETT DRIVE
CITY-ST-ZIP	FT PIERCE, FL
TITLE	D
NAME	MITCHELL, BENJAMIN
STREET ADDRESS	2516 AVENUE K
CITY-ST-ZIP	FT PIERCE, FL
TITLE	D
NAME	MITCHELL, CLYDE W
STREET ADDRESS	4808 BARCELONA AVENUE
CITY-ST-ZIP	FT PIERCE, FL
TITLE	D
NAME	SALTER, LAWRENCE C
STREET ADDRESS	250 CHAMPAGNE COURT NW
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	D
NAME	YOUNG, JOHN S
STREET ADDRESS	702 N 27TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34934947
TITLE	S
NAME	MITCHELL, VERLEAN
STREET ADDRESS	4808 BARCELONA AVE
CITY-ST-ZIP	FORT PIERCE, FL 34946

DO NOT WRITE IN THIS SPACE

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 March 11, 2007 (772)461-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #