

# 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  
**ST MATTHEWS M B C  
FT PIERCE, FL 34950 US**

Mailing Address  
**1818 NORTH 17TH STR  
FT PIERCE, F 34950 US**



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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.

SIGNATURE: **Lawrence C. Salter** *Lawrence C. Salter* **March 11, 2007**

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