


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 763214 1. Entity Name SAINT MATTHEWS MISSIONARY BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2558155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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* DATE 3/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 260 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

000000860750
04/02/08-80069-003 61.25

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* DATE 3/14/08 (112) DAYTIME PHONE # 461-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR