

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90170 043 \*\*\*\*61.25



CHECK HERE IF MAKING CHANGES

**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.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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.  
2001 NORTH 41ST ST.  
FT PIERCE FL 34947**

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* January 27, 2003  
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BYNOE, WHITFIELD</b>	
STREET ADDRESS	<b>2607 BENNETT DRIVE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, BENJAMIN</b>	
STREET ADDRESS	<b>2516 AVENUE K</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, CLYDE W</b>	
STREET ADDRESS	<b>4808 BARCELONA AVENUE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALTERS, LAWRENCE</b>	
STREET ADDRESS	<b>2001 NORTH 41ST ST.</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNS, YOUNG</b>	
STREET ADDRESS	<b>702 N 27TH ST</b>	
CITY-ST-ZIP	<b>FT PIERCE, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, RUTH</b>	
STREET ADDRESS	<b>3005 CARVER STREET</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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	

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.

SIGNATURE: Ruth Marshall *Ruth Marshall* 01/27/03 (772) 461-8697  
Date Daytime Phone #

CR2E037 (10/02)