


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90024 043 ****66.25

DOCUMENT # N02000001513	
1. Entity Name NEW ST. MATTHEW COMMUNITY DEVELOPMENT INSTITUTE INC.	

Principal Place of Business 1006 S. 50TH STREET TAMPA, FL 33619	Mailing Address 1006 S. 50TH STREET TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0745708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARNUM, JOEL
4008 E. HENRY AVENUE
TAMPA, FL 33610

**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: _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, RITA
STREET ADDRESS	2912 RAMADA DR #186
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	BARNUM, JOEL
STREET ADDRESS	4008 E. HENRY AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	KIRK, RALPH
STREET ADDRESS	9905 BRANDFORD COURT
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	WILLIAMS, GEORGE
STREET ADDRESS	4111 E. LINEBAUGH
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	HOUSTON, CHARITA
STREET ADDRESS	12202 N. 22ND ST., #928
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	HEARNS, EMMA
STREET ADDRESS	3303 29TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605

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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: Joel Barnum 3/18/04 626-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #