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Secretary of State
05-30-2007 90004 030 ****75.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001513

1. Entity Name
NEW ST. MATTHEW COMMUNITY DEVELOPMENT INSTITUTE INC.

66018989

Principal Place of Business	Mailing Address
1006 S. 50TH STREET TAMPA, FL 33619	1006 S. 50TH STREET TAMPA, FL 33619

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03312007 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0745708

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Joel Barnum 4/25/07
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, KEITH
STREET ADDRESS	10314 N 9TH ST APT A
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	BARNUM, JOEL
STREET ADDRESS	4008 E. HENRY AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	BROWN, GARRY
STREET ADDRESS	11007 ULSTER CT.
CITY-ST-ZIP	TAMPA, FL 3361
TITLE	D
NAME	BOLEN, WANDA
STREET ADDRESS	11201 N. 22ND ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	MILLS, VICTOR
STREET ADDRESS	3202 E. CAOLWELL #408
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	JACKSON, TRENIKA
STREET ADDRESS	3501 25TH AVE
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 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: Joel Barnum 4/8/07 (813) 766-6034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #