

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

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001513</b>	
1. Entity Name <b>NEW ST. MATTHEW COMMUNITY DEVELOPMENT INSTITUTE INC.</b>	
Principal Place of Business <b>1006 S. 50TH STREET TAMPA, FL 33619</b>	Mailing Address <b>1006 S. 50TH STREET TAMPA, FL 33619</b>



04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0745708</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  <b>BARNUM, JOEL 4008 E. HENRY AVENUE TAMPA, FL 33610</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KEITH 10314 N 9TH ST APT A TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNUM, JOEL 4008 E. HENRY AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GARRY 11007 ULSTER CT. TAMPA, FL 3361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEN, WANDA 11201 N. 22ND ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, VICTOR 3202 E. CAOLWELL #408 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, TRENIKA 3501 25TH AVE. TAMPA, FL 33605

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05/30/08-80066-011 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #