


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 014 ****70.00

DOCUMENT # N03000003480	
1. Entity Name	

ST. MATTHEW MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
15712 NW 140TH STREET ALACHUA FL 32615	PO BOX 1088 ALACHUA FL 32616



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-2908831		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILES, ISAAC J SR 25565 W. NEWBERRY RD NEWBERRY FL 32669		Name: Bobby J. Garrison Street Address (P.O. Box Number is Not Acceptable): 14407 N.W. 218 Ave. City: Alachua FL Zip Code: 32616	

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: Bobby Garrison DATE: 4/1/70
(NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: MILES, ISSAC J SR STREET ADDRESS: 25565 W NEWBERRY RD CITY-ST-ZIP: NEWBERRY FL 32669	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Bobby J. Garrison STREET ADDRESS: 14407 N.W. 218 Ave. CITY-ST-ZIP: Alachua, FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ROBINSON, JAMES STREET ADDRESS: PO BOX 1088 CITY-ST-ZIP: ALACHUA FL 32615	<input type="checkbox"/> Delete	TITLE: D NAME: Adrian Weeks STREET ADDRESS: P.O. BOX 1088 CITY-ST-ZIP: Alachua, FL 32616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: EDWARDS, VELMA STREET ADDRESS: PO BOX 1088 CITY-ST-ZIP: ALACHUA FL 32615	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bobby Garrison DATE: 4/1/70
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR