


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 039 ****61.25

DOCUMENT # N04000006608

1. Entity Name
ST MATTHEWS HOLINESS CHURCH INC.



Principal Place of Business
 2012 S. CLARCONA RD.
 APOPKA, FL 32703

Mailing Address
 2012 S. CLARCONA RD.
 APOPKA, FL 32703

60035136



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

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

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR 75-801312046

Applied For
 Not Applicable

5. Certificate of Status Desired **76-1** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MELVIN SR
4241 MINOSO ST
ORLANDO, FL 32811

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

Filing Fee is \$61.25 Due by May 1, 2008

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	PP	<input type="checkbox"/> Delete
NAME	SCOTT, MELVIN SR	
STREET ADDRESS	4241 MINOSO ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KING, MACK	
STREET ADDRESS	2036 S CLARCONA RD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWN, QUNICY	
STREET ADDRESS	1641 VALEVIEW CT	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, FANITA	
STREET ADDRESS	1641 VALEVIEW CT	
CITY-ST-ZIP	APOPKA, FL 32712	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 # _____