

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18104** (2)

1. Corporation Name

SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**3724 MAIN ST
P O BOX 1013
SANFORD FL 32771**

**POST OFFICE BOX 1013
3724 MAIN ST
SANFORD FL 32771-7012
US**

3. Date Incorporated or Qualified
12/05/1986

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHISOLM, BENJAMIN
2550 BYRD AVE
SANFORD FL 32771**

81

Name **MARTIN, SAMUEL**

82

Street Address (P.O. Box Number is Not Acceptable)

101 ACADEMY AVE.

83

84

City **SANFORD**

FL

Zip Code **32771**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Samuel Martin*

SAMUEL MARTIN

5-28-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, THEODORE	
STREET ADDRESS	1402 CARDINAL ST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUFUS, MARTIN	
STREET ADDRESS	2051 SIPES AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHISOLM, BENJAMIN	
STREET ADDRESS	2550 BYRD AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENDRICK, JESSIE	
STREET ADDRESS	2350 SIPES AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELLAMY, R.M.	
STREET ADDRESS	2300 JITWAY AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, IRENE	
STREET ADDRESS	1428 HARDING AVE	
CITY-ST-ZIP	SANFORD FL	

11 TITLE	PRESIDENT OF CORPORATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILSON, LEONARD L. J.	
13 STREET ADDRESS	1704 WEST 9TH STREET	
14 CITY-ST-ZIP	SANFORD, FLA. 32711	
21 TITLE	VICE PRESIDENT OF CORPORATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FIELDS, JAMES A.	
23 STREET ADDRESS	3018 DIXON AVE.	
24 CITY-ST-ZIP	SANFORD, FLA. 32711	
31 TITLE	SECRETARY OF CORPORATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVIS, THEODORE	
33 STREET ADDRESS	615 EAST 3RD STREET	
34 CITY-ST-ZIP	SANFORD, FLA. 32711	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MARTIN, SAMUEL	
43 STREET ADDRESS	101 ACADEMY AVE.	
44 CITY-ST-ZIP	SANFORD, FLA. 32771	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	EARNEST BROWN	
53 STREET ADDRESS	3812 COLMART STREET	
54 CITY-ST-ZIP	DELTONA, FLORIDA 32738	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard L. J. Wilson* **LEONARD L. J. WILSON** *5-28-96* *407-321-6180*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)