

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90023 002 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18104** ✓

1. Corporation Name

**SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

3724 MAIN ST  
P O BOX 1013  
SANFORD FL 32771

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

MARTIN, SAMUEL  
101 ACADEMY AVE.  
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	POC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, LEONARD L			1.2 NAME			
STREET ADDRESS	1704 WEST 9TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			1.4 CITY-ST-ZIP			
TITLE	VPOC	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, JAMES A			2.2 NAME			
STREET ADDRESS	3018 DIXON AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			2.4 CITY-ST-ZIP			
TITLE	SOC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, THEODORE			3.2 NAME			
STREET ADDRESS	615 EAST 3RD STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, SAMUEL			4.2 NAME			
STREET ADDRESS	101 ACADEMY AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EARNEST, BROWN			5.2 NAME			
STREET ADDRESS	3812 COLMART STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, IRENE			6.2 NAME			
STREET ADDRESS	1428 HARDING AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Leonard L. Wilson* *Irene Johnson* *Conrad L. Wilson* 7/18/99 407-321-6180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)