

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90439 022 \*\*\*\*70.00

<b>DOCUMENT # N18104</b> 1. Entity Name <b>SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.</b>					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BROWN, EARNEST</b> <b>3812 COLMART ST</b> <b>DELTONA, FL 32738</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POC WILSON, LEONARD L 1704 WEST 9TH STREET SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOC DAVIS, THEODORE 615 EAST 3RD STREET SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SAMUEL 101 ACADEMY AVE. SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARNEST, BROWN 3812 COLMART STREET DELTONA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, IRENE 1428 HARDING AVE SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR PRESIDENT OF CORPORATION LEONARD L. J. WILSON 1612 WEST 8TH STREET (NEW ADDRESS) SANFORD, FLORIDA 32771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOC THEODORE DAVIS 2104 S. SANFORD AVE. (NEW ADDRESS) SANFORD, FL 32771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERCONI (NEW ADDRESS) EARNEST, BROWN 2520 EAST 20TH STREET SANFORD, FLORIDA 32771				
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"/> Change <input type="checkbox"/> Addition				
12. 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 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.					
<b>SIGNATURE:</b> <i>Leonard J. Wilson</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>April 25, 2004</i> (407)322-8510					