

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90019 046 ****61.25

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DOCUMENT # N22072

1. Entity Name

**ST. MATTHEWS BAPTIST CHILD DEVELOPMENT CENTER, I
 NC.**

Principal Place of Business

Mailing Address

3716 LAKE AVE EAST
 TAMPA FL 33610
 US

3716 LAKE AVE EAST
 TAMPA FL 33610
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2854655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEDRICK, DAVID
4910 84TH STREET
TAMPA FL 33619

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.

SIGNATURE

David Shedrick
DAVID SHEDRICK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, TAYLOR	
STREET ADDRESS	3608 E MCBERRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSHALL, CONSTANCE	
STREET ADDRESS	3621 E. NORTH STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, CLIFFORD	
STREET ADDRESS	3206 E. GIDDEN AVENUE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEDRICK, DAVID	
STREET ADDRESS	4910 84TH STREET	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER SR., DAVID	
STREET ADDRESS	3006 E. 33RD AVENUE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, ANTONIO	
STREET ADDRESS	12062 STONE CROSSING CIR	
CITY-ST-ZIP	TAMPA FL	

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		
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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 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.

SIGNATURE:

Clifford Harris Jr.
CLIFFORD HARRIS JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

813 621-5038

Daytime Phone #

CR2E037 (9/01)