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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000389

1. Corporation Name
ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH, FLORIDA, INC.

Principal Place of Business 404 S.W. THIRD STREET DELRAY BEACH FL 33444	Mailing Address P.O. BOX 656 DELRAY BEACH FL 33444
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/18/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0431750
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPHERD, THOMAS E REV.
 634 NW 39TH AVE
 DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEPHERD, THOMAS E	
STREET ADDRESS	680 CORAL WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, MORRIS	
STREET ADDRESS	325 S.W. 11TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLNESS, MARLA	
STREET ADDRESS	RT. 1, BOX 302, 1 MILE ROAD	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUINN, EDITH	
STREET ADDRESS	2888 DOLPHIN DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, Janet	
1.3 STREET ADDRESS	902 S.W. 3rd Ct.	
1.4 CITY-ST-ZIP	DeLray Beach, FL 33444	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Josey, Shirley	
2.3 STREET ADDRESS	206 S.W. 12th Ave.	
2.4 CITY-ST-ZIP	DeLray Beach, FL 33444	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Edith QUINN 1-22-99 561-278-4875
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)