

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90119 043 \*\*\*\*61.25

**DOCUMENT # N93000005748**

1. Entity Name

**ST. MATTHEWS FIRST MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

**703 SEMINOLE STREET  
CLEARWATER FL 34615**

Mailing Address

**703 SEMINOLE STREET  
CLEARWATER FL 34615**



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

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWACKARD, DAVID L  
703 SEMINOLE ST.  
CLEARWATER FL 34615**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME JONES, ELIJAH P JR  
STREET ADDRESS 1424 BARBARA AVE  
CITY-ST-ZIP CLEARWATER FL 33755-2701

TITLE ☐ Change ☒ Addition  
NAME *Trustee Ann Mallard*  
STREET ADDRESS *2640 Drew St. #720*  
CITY-ST-ZIP *Clearwater, FL 33579*

TITLE ☐ Delete  
NAME GRAY, NATHAN E  
STREET ADDRESS 2454 WHITMAN ST  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME MCKAHAND, EDWARD D  
STREET ADDRESS 1465 FAIRMONT ST.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BAKER, ROSE  
STREET ADDRESS 1305 WOODBINE ST  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME LANC, ALAN SR  
STREET ADDRESS 1002 BECKETT ST  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME WILLIAMS, BARBARA  
STREET ADDRESS 1035 N. MADISON AVE.  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Rev. David L. Swackard David L. Swackard*

*3/20/06*

*(727) 447-1469*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #