

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005748

FILED
Jan 25, 2007
Secretary of State

Entity Name: ST. MATTHEWS FIRST MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

703 SEMINOLE STREET
CLEARWATER, FL 34615

New Principal Place of Business:

Current Mailing Address:

703 SEMINOLE STREET
CLEARWATER, FL 34615

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MALLARD, ANN
Address: 2640 DREW ST 720
City-St-Zip: CLEARWATER, FL 33579

Title: T () Delete
Name: GRAY, NATHAN E
Address: 2454 WHITMAN ST
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: MCKAHAND, EDWARD D
Address: 1465 FAIRMONT ST.
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: BAKER, ROSE
Address: 1305 WOODBINE ST
City-St-Zip: CLEARWATER, FL 33755

Title: MINI () Delete
Name: LANC, ALAN SR
Address: 1002 BECKETT ST
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Delete
Name: WILLIAMS, BARBARA
Address: 1035 N. MADISON AVE.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALDEN, BERTHA
Address: 702 SEMINOLE
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MCKAHAND

T

01/25/2007

Electronic Signature of Signing Officer or Director

Date