

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N94000006034

Entity Name: GREATER SAINT MATTHEW HOLINESS CHURCH, INC.

Current Principal Place of Business:

1238 NW 9TH AVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1238 NW 9TH AVE
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 65-0488798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, LEON
100 N.E. 15TH ST #204
HOMESTEAD, FL 33030 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: VD () Delete
Name: ADDERLY, CHERRIE
Address: 15001 S.W. 296 ST
City-St-Zip: LEISURE CITY, FL 33033

Title: PD () Delete
Name: HARRIS, RON
Address: 18885 S.W. 296 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: LUTON, CHRISTINE
Address: 735 NW 9 AVE
City-St-Zip: FL CITY, FL 33034

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:

I hereby certify that the information supplied with this filing does not qualify 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: RON L HARRIS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date