

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90057 042 ****61.25

DOCUMENT # N97000004592

1. Corporation Name

THE MATTHEW PROJECT, INC.

Principal Place of Business

**3601 DAVID BLVD.
FORT LAUDERDALE FL 33312
US**

Mailing Address

**3601 DAVID BLVD.
FORT LAUDERDALE FL 33312
US**



2. Principal Place of Business

21 3601 DAVID BLVD.

2a. Mailing Address

26 3601 DAVID BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GOLDEN, E. SCOTT
644 S.E. 4TH AVENUE
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

JAMES A. COX

82 Street Address (P.O. Box Number is Not Acceptable)

3601 DAVID BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME COX, JAMES A
STREET ADDRESS 3601 DAVID BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33312**

TITLE ☐ DELETE

**NAME VANDENHOUTEN, JOSEPH L
STREET ADDRESS 3601 DAVID BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33312**

TITLE ☐ DELETE

**NAME ABRAHAMS, JAN
STREET ADDRESS 3601 DAVID BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33312**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

954-791-8210

Date

Daytime Phone #

CR2E037 (11/98)