

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712432

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

Current Principal Place of Business:

6100 NW 24TH AVENUE
MIAMI, FL 32247-0686

Current Mailing Address:

P.O. BOX 470686
MIAMI, FL 33247-0686 02

FEI Number: 65-0344351

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, NATHANIEL G
3883 N.W. 207 ST. RD.
MIAMI, FL 33147 US

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: NATHANIEL G. MILLER

01/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDR
Name MILLER, NATHANIEL G.
Address 3883 NW 207TH STREET RD.
City-State-Zip: MIAMI GARDEN FL 33055

Title FINANCE SECRETARY
Name FRANCIS, ADRIANNA
Address 3100 NW 48TH TERR
City-State-Zip: MIAMI FL 33142

Title TRUSTEE
Name BULLARD, BERNADETTE
Address 2275 NW 85 ST
City-State-Zip: MIAMI FL 33147

Title TRUSTEE
Name WILLIAMS, JANET
Address 7401 N. W, 3RD AVENUE
City-State-Zip: MIAMI FL 33150

Title TREASURER
Name WILLIAMS, SR., FRANKLIN
Address 7152 N.W. 15TH CT.
City-State-Zip: MIAMI FL 33147

Title PRESIDENT
Name MILLER, NATHANIEL G
Address 3883 NW 207TH ST. RD.
City-State-Zip: MIAMI GARDENS FL 33055

Title SECRETARY
Name FACEN, REGINA N.
Address 7305 NW 23RD AVENUE
City-State-Zip: MIAMI GARDENS FL 33147

Title TRUSTEE
Name LAWRENCE, CLARICE
Address 5600 N.W. 9TH AVENUE
City-State-Zip: MIAMI FL 33127

I hereby 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 all other like empowered.

SIGNATURE: NATHANIEL MILLER

PRESIDENT

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date