

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763214

FILED
Apr 30, 2021
Secretary of State
5547424964CC

Entity Name: SAINT MATTHEWS MISSIONARY BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.

Current Principal Place of Business:

1818 N 17TH STREET
FT PIERCE, FL 34950

Current Mailing Address:

1818 N 17TH STREET
FT PIERCE, FL 34950 US

FEI Number: 59-2558155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALL, BOBBY S
2609 NAVAJO AVENUE
FORT PIERCE , FL 34946 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: BOBBY S BALL

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BYRD, SR, CHESTER
Address 3280 KENTUCKY AVENUE
City-State-Zip: FORT PIERCE FL 34950

Title D
Name MITCHELL, BENJAMIN
Address 2605 AVENUE K
City-State-Zip: FT PIERCE FL 34947

Title D
Name MITCHELL, CLYDE W
Address 4808 BARCELONA AVENUE
City-State-Zip: FT PIERCE FL 34946

Title D
Name HALL, WILLIAM
Address 601 N 27TH STREET
City-State-Zip: FORT PIERCE FL 34946

Title S
Name ANNE, BLACK C
Address 4054 GREENWOOD DRIVE
City-State-Zip: FORT PIERCE FL 34982

Title F S
Name PORTER HALL, MALINDA
Address 601 N 27TH STREET
City-State-Zip: FORT PIERCE FL 34947

Title DEACON
Name GILLIAM, JIMMY
Address 2105 DONALD STREET
City-State-Zip: FORT PIERCE FL 34946

Title DEACON
Name WILSON , TOM
Address 1402 NTH 7TH STREET
City-State-Zip: FORT PIERCE FL 34947

Continues on page 2

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: ANNE C BLACK

SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name JEFFERSON, CLEASTER
Address 1790 N 37TH ST
City-State-Zip: FORT PIERCE FL 34947

Title DEACON
Name SALTER, ROOSEVELT
Address 4905 EVERGREEN AVENUE
City-State-Zip: FORT PIERCE FL 34947