

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737076** (0)

1. Corporation Name

MOUNT SINAI MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
1300 FARGO ST S ST PETERSBURG FL 33712-1838	1300 FARGO ST S ST PETERSBURG FL 33712-1838

3. Date Incorporated or Qualified 10/13/1976	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1990605	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, JAMES C, SR
5891 GROVE ST. SO.
ST. PETERSBURG FL 33705**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, JAMES, SR	1.2 NAME	
STREET ADDRESS	5891 GROVE ST. SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, BOBBY	2.2 NAME	
STREET ADDRESS	833 58TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, MATTHEW	3.2 NAME	
STREET ADDRESS	1733 37TH STREET SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, KATHY	4.2 NAME	
STREET ADDRESS	3840 MANATEE DR S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C. McDonald

4-11-97 813-867-5381

CR2E037 (9/96)