

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006397

FILED
Mar 12, 2009
Secretary of State

Entity Name: MT. SINAI FAITH CENTER CHURCH INC.

Current Principal Place of Business:

6320 WINONA ST.
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6320 WINONA ST.
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 32-0207715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUGLAS, JONAS JR
6320 WINONA ST.
PANAMA CITY, FL 32404 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: PTD () Delete
Name: DOUGLAS, JR., PASTOR JONAS
Address: 6320 WINONA ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: VPD () Delete
Name: DOUGLAS, WILMA NELL
Address: 6320 WINONA ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: DOUGLAS SMITH, FELICIA V
Address: 830 LEE DRIVE
City-St-Zip: MARIETTA, GA 30060

Title: D () Delete
Name: JOHNSON CONLEY, TIFFANY M
Address: 7024 HOLLOW OAK DR.
City-St-Zip: REX, GA 30141

Title: D () Delete
Name: JOHNSON, PHYLLIS
Address: 7024 HOLLOW OAK DR.
City-St-Zip: REX, GA 30141

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:

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: JONAS DOUGLAS, JR.

PTD

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date