

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006397

**Entity Name:** MT. SINAI FAITH CENTER CHURCH INC.

**Current Principal Place of Business:**

6320 WINONA ST.  
PANAMA CITY, FL 32404

**Current Mailing Address:**

6320 WINONA ST.  
PANAMA CITY, FL 32404

**FEI Number:** 32-0207715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOUGLAS, JONAS JR  
6320 WINONA ST.  
PANAMA CITY, FL 32404 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           DOUGLAS, JR., PASTOR JONAS  
Address       6320 WINONA ST.  
City-State-Zip: PANAMA CITY FL 32404

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

Title           D  
Name           DOUGLAS SMITH, FELICIA V  
Address       830 LEE DRIVE  
City-State-Zip: MARIETTA GA 30060

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

Title           D  
Name           JOHNSON, PHYLLIS  
Address       7024 HOLLOW OAK DR.  
City-State-Zip: REX GA 30141

*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:** DOUGLAS, JR., PASTOR JONAS

**PDT**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date