

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008772

**FILED**  
**Jun 24, 2020**  
**Secretary of State**  
**2581903449CC**

**Entity Name:** MOUNT SINAI AFRICAN METHODIST EPISCOPAL CHURCH OF TALLAHASSEE, FLORIDA, INC.

**Current Principal Place of Business:**

5998 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

5998 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

**FEI Number: 59-2992571**

**Certificate of Status Desired: Yes**

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

HARGARETT, BETTY  
2516 POMPEY LANE, S.  
TALLAHASSEE, FL 32311 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 P  
Name SCOTT II, EDWARD R  
Address 2304 MONACO DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name POMPEY, HERBERT  
Address 918 HASTIE ROAD  
City-State-Zip: TALLAHASSEE FL 32305

Title OFFICER  
Name HARGRETT, BETTY  
Address 2516 POMPEY LANE, S.  
City-State-Zip: TALLAHASSEE FL 32311

Title OFFICER  
Name AUSTIN, ALLEAN  
Address 6130 TRAILWOOD COURT  
City-State-Zip: TALLAHASSEE FL 32311

Title CHURCH CLERK  
Name AUSTIN, ALLEAN  
Address 6130 TRAILWOOD COURT  
City-State-Zip: TALLAHASSEE FL 32311

Title OFFICER  
Name KING, BETTY  
Address 9561 CAPITOLA ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title OFFICER  
Name TURNER, ESSIE L.  
Address 3025 OLD ST. AUGUSTINE ROAD  
City-State-Zip: TALLAHASSEE FL 32311

Title OFFICER  
Name JENKINS, MICHAEL  
Address 832 DUREN STREET  
City-State-Zip: TALLAHASSEE FL 32305

*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: ALLEAN AUSTIN**

**CHURCH CLERK**

**06/24/2020**

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

\_\_\_\_\_  
Date