

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 05, 2017
Secretary of State
CC3878868704

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 SAUNDERS, WILLIS E REV.
Address 2503 SR. WILLIAMS STREET
City-State-Zip: TALLAHASSEE FL 32310

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

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

Title O
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

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

05/05/2017

Electronic Signature of Signing Officer/Director Detail

Date