

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713518 (9)

1. Corporation Name  
**MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, IN C.**

Principal Place of Business Mailing Address  
**696 NW 47TH TERRACE MIAMI FL 33127**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1967</b>	3a. Date of Last Report <b>05/01/1995</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0391880</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
27		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TIMPSON, VENITA B. 696 NW 47TH TER. MIAMI FL 33127</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROBERT, REV.	1.2 NAME	
STREET ADDRESS	17111 NW 47 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMPSON, VENITA B.	2.2 NAME	
STREET ADDRESS	1315 NW 51ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, TONY E	3.2 NAME	
STREET ADDRESS	415 NW 87TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, WALTER M.C.	4.2 NAME	D
STREET ADDRESS	2340 NW 89 TERR.	4.3 STREET ADDRESS	Carter, Louis
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	9305 NW 14 AVE, Miami, FL 33147
TITLE	TS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGS, MICHAEL R.	5.2 NAME	TS
STREET ADDRESS	2981 NW 157 TERR.	5.3 STREET ADDRESS	Patterson, Carol M.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	13400 NW 1 CT, Miami, FL 33168
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTESON, CAROL M	6.2 NAME	S
STREET ADDRESS	13400 N.E. 1ST COURT	6.3 STREET ADDRESS	Riley, Alma
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	15950 NW 18 PL, Miami, FL 33054

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Venita B. Timpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Venita B. Timpson** 4/29/96 (305) 756-8551

CR2E037 (12/95)