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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

713518

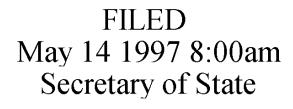
(9)

MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, IN C.

Principal Place of Business 698 NW 47TH TERRACE MIAMI FL 33127

Mailing Address

698 NW 47TH TERRACE MIAMI FL 33127-2314





3. Date Incorporated or Qualified 10/25/1967

4/24/01

3a. Date of Last Report 05/01/1996

2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21			26				65-0391880	[Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	+	75 Additional	
22			27	·				Fe	e Required	
City & State							6. Election Campaign Financing		.00 May Be	
23		Country	28	1 6-	m l e u		Trust Fund Contribution		ded to Fees	
Zip				l	I		8. This corporation has liability for intangible Florida Statutes Yes	lax und No	ler s. 199.032,	
24 25 29 30 30 9. Name and Address of Current Registered Agent						Florida Statutes				
	9. 110	4114 7501055 01 04	Tront tropictor or Agon		81	Name	15. Hanio alia Radiosa di Itali Itagiata da	Agont		
TIMPOON VENITA P										
TIMPSON, VENITA B.						82 Street Address (P.O. Box Number is Not Acceptable)				
698 NW 47TH TER.										
MIAMI FL 33127										
					84	City	FL	85	Zip Code	
11. Pureuant	to the provis	ions of Sections 617	0502 and 617 1508 Florida	Statutes the al	bove	e-named corn		f changi	no its registered	
office or	registered ag	ent, or both, in the S	tate of Florida. Such change	was authorize	d by	the corporati	oration submits this statement for the purpose o ion's board of directors. I hereby accept the app	ointmen	it as registered	
_	am tamiliat w	im, and accept the o	Dilgations of, Section 617.05	us, Fiorida Stat	utes	š.				
SIGNATURE	Signature typed	or printed name of registere	d agent and tille if applicable.	(NOTE: Begisterer	d Apc	nt signature require	ed when reinstating) DATE			
12.	orginatoro, typos		AND DIRECTORS	13.		at digitals b (edone	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	P		☐ DELE	TE 1.1 TI	TLE			Char	nge Addition	
NAME	, ,	R, ROBERT, REV.		1.2 N	4ME					
STREET ADDRESS		W 47 AVE.		1.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP	MIAMI F			•		1-ZIP				
TITLE					2.1 TITLE			Char	nge Addition	
NAME	1 -	N, VENITA B.		22 N/	AME	1				
STREET ADDRESS		N 51ST ST.		2.3 \$1	rreet	ADDRESS				
CITY-ST-ZIP	MIAMI F			1		ST-ZIP				
TITLE	D				3.1 TITLE			Char	nge Addition	
NAME	FERGUS	SON, TONY E.		3.2 N/	AME					
STREET ADDRESS		87TH ST.		3.3 \$1	reet	ADDRESS				
CITY-ST-ZIP	MIAMI F			3.4. C	ITY- S	ST-ZIP				
TITLE	D		DELE	TE 4.1 TI	ΤLĒ			☐ Char	nge Addition	
NAME	CARTER	R, LOUIS		4. 2 N	IAME					
STREET ADDRESS		W. 14TH AVENUE		4.3 \$1	IBEET	ADDRESS				
CITY-ST-ZIP	MIAMI F			4.4 CI	ITY-S	1-ZIP				
TITLE	TS	-	DELE:	TE 5.1 TI	īŁĒ			Char	nge Addition	
NAME	PATTER	SON, CAROL M.		5.2 NJ	AME					
STREET ADDRESS		IW 1 CT		5.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI F			5.4 C		1-ZIP				
TITLE	S		DELE	TE 6.1 TI	TLE			☐ Chai	nge Addition	
NAME	RILEY, A	ALMA		6.2 N/	AME					
STREET ADDRESS		I.W. 18TH PLACE		6.3 \$1	rreet	ADDRESS				
CITY-ST-ZIP	MIAMI F	L		6.4 CI	TY-S	T-ZIP				
14. i do here	by certify the	it the information sup	plied with this filing does not or supplemental annual repo	t qualify for the	exe	mption stated	f in Section 119.07(3)(i), Florida Statutes. I furthe my signature shall have the same legal effect as	r certify s if made	that the e under oath: that	
l am an c	officer or dire in Block 12 c	ctor of the comoration or Block 13 / change	n or the receiver or trustee e	empowered to can address.	Xec	ute this report	in Section 119.07(3)(i), Florida Statutes. I furthe my signature shall have the same legal effect a: 1 as required by Chapter 617, Florida Statutes; a	nd that i	my name	