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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713518 (9)
 Corporation Name
MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, IN C.

Principal Place of Business 696 NW 47TH TERRACE MIAMI FL 33127	Mailing Address 696 NW 47TH TERRACE MIAMI FL 33127
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3. Date Incorporated or Qualified
10/25/1967

4. FEI Number
65-0391880

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. Zip	30. Country
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9. Name and Address of Current Registered Agent

**TIMPSON, VENITA B.
 696 NW 47TH TER.
 MIAMI FL 33127**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
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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 CARTER, ROBERT, REV. 17111 NW 47 AVE. MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TIMPSON, VENITA B. 1315 NW 51ST ST. MIAMI FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D FERGUSON, TONY E. 415 NW 87TH ST. MIAMI FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D CARTER, LOUIS 9305 N.W. 14TH AVENUE MIAMI FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TS PATTERSON, CAROL M. 13400 NW 1 CT MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S RILEY, ALMA 15950 N.W. 18TH PLACE MIAMI FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TS Jones, JoAnn
STREET ADDRESS		5.3 STREET ADDRESS	424 N. W. 103rd ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33150
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TS Jones, JoAnn
5.3 STREET ADDRESS	424 N. W. 103rd ST
5.4 CITY-ST-ZIP	Miami, FL 33150
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Venita B. Timpson 4-27-98 305:634-2624

CP2E037 (10/97)