FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90085 018 ****61.25

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DOCUMENT # 713518

1. Entity Name
MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, INC.

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

Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0391880
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIMPSON, VENITA B 698 NW 47TH TER MIAMI, FL 33127	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name, and title, if applicable — DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TIMPSON, VENITA B. 1315 NW 51ST ST MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D THOMAS, SEBRON A 3815 NW 165 STREET MIAMI, FL 33054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☒ Addition D Kirkland, Wayne 8436 SW 22 ST, Miramar, FL 33025
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILLIAMS, GEORGE 820 N.W. 66 STREET MIAMI, FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TS JONES, JOANN 130 NE 128TH TERRACE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S MOSS, CATHERINE 770 NW 83RD TERR MIAMI, FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BARBER, JOHNNY L 3985 NW 165TH STREET OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Venita B. Timpson Venita B. Timpson 04/10/07 305-751-5846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #