


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # 713518		
1. Entity Name MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, INC.		
Principal Place of Business 698 NW 47TH TERRACE MIAMI, FL 33127	Mailing Address 698 NW 47TH TERRACE MIAMI, FL 33127	



02012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0391880	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent TIMPSON, VENITA B. 698 NW 47TH TER. MIAMI, FL 33127

**DO NOT WRITE
IN THIS SPACE**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMPSON, VENITA B. 1315 NW 51ST ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, JOANN 130 NE 128TH TERRACE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, CATHERINE 770 NW 83RD TERR MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, JOHNNY L 3985 NW 165TH STREET OPA LOCKA, FL 33054

U000000816329
02/14/08-80045-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Venita B. Timpson 2/5/08

Date

305-751-5846

Daytime Phone #