


**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      Mailing Address

**698 NW 47TH TERRACE**      **698 NW 47TH TERRACE**  
**MIAMI, FL 33127**      **MIAMI, FL 33127**

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0391880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (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

U00000818329  
 02/14/08-80045-025 61.25

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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**      **2/5/08**      **305-751-5846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #