2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713518

Entity Name

SIGNATURE:

MOUNT SINAI MISSIONARY BAPTIST CHURCH, MIAMI, IN C.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90266 017 ****70.00

3057515846

Principal Place of Business 698 NW 47TH TERRACE MIAM! FL 33127		Mailing Address 698 NW 47TH TERRACE MIAMI FL 33127			z –				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		-	0001000 ——		oplied For ot Applicable		
Zip	Country	Country '\ Zip			5. Certificate of Status Desired XX \$8.75 Additional Fee Required		ditional		
6. Name and Address of Current Registered A					7. Name and Add	ress of New Registered A	gent		
				Name					
TIMPSON, VENITA B. / 698 NW 47TH TER. MIAMI FL 33127			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e	
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									
í	FILE NOW: FEE IS \$61.25	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 DIS		11,		ADDITIONS/CHANGI	ES TO OFFICERS AND DIF			
NAME STREET ADDRESS CITY-ST-ZIP	D TIMPSON, VENITA B. 1315 NW 51ST ST. MIAMI FL 33142	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS 189	ber, Johr 20 NW 27t	h AVE	Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, SEBRON A 3815 NW 165 STREET MIAMI FL 33054	☐ Delete	TITLE NAME STREET ADDRE		- ,		☐ Change	□ Addition Ĉ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GEORGE 820 N.W. 66 STREET MIAMI FL 33150	☐ Delete	TITLE NAME , STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, J 130 NE 128TH TERR MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, CATHERINE 770 NW 83RD TERR MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS	<u> </u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY - ST - ZIP	ess			☐ Change	☐ Addition	
12. 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 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.									