

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90007 050 ****61.25

DOCUMENT # 726919

1. Entity Name

MT. SINAI BAPTIST CHURCH OF PERRINE, INC.



Principal Place of Business

10041 JESSAMINE STREET
PERRINE FL 33157-5366

Mailing Address

10041 JESSAMINE STREET
PERRINE FL 33157-5366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0152637

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

ENGEL, DANIEL W., ESQ
1266 W. FLAGLER ST.
MIAMI FL 33135

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 JONES, ALLEN ☐ Delete
STREET ADDRESS 14701 SW 104 AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME Cynthia Jones ☐ Change ☒ Addition
STREET ADDRESS 1775D S.W. 105 Ave
CITY-ST-ZIP Miami, FL 33157

TITLE
NAME SURRENEY, CORA ☐ Delete
STREET ADDRESS 14521 TYLER STREET
CITY-ST-ZIP MIAMI FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PD BELL, REV REMARK (TRUST) ☐ Delete
STREET ADDRESS 16701 SW 105HT AVE
CITY-ST-ZIP MIAMI FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME WALKER, ANDRILLA ☐ Delete
STREET ADDRESS 17810 SW 102 AVE
CITY-ST-ZIP PERRINE FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME DST HANNA, MARY LOU ☐ Delete
STREET ADDRESS 10045 S.W. 172ND ST.
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Mary Lou Hanna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04
Date

305-235-3387
Daytime Phone #