

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 726919 1. Entity Name MT. SINAI BAPTIST CHURCH OF PERRINE, INC.	
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Principal Place of Business 10041 JESSAMINE STREET PERRINE, FL 33157-5366	Mailing Address 10041 JESSAMINE STREET PERRINE, FL 33157-5366
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02262006 No Chg-NP CRZE037 (11/05)

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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 ENGEL, DANIEL W., ESQ 1266 W. FLAGLER ST. MIAMI, FL 33135
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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 reappointing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	100000485798 03/22/06-80044-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, ALLEN 14701 SW 104 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SURREANEY, CORA 14521 TYLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, REV REMARK (TRUST) 16701 SW 105HT AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, ANDRILLA 17810 SW 102 AVE PERRINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HANNA, MARY LOU 10045 S.W. 172ND ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CYNCHIA 17750 S.W. 105 AVE. MIAMI, FL 33157

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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: Mary Lou Hanna Mary Lou Hanna 3/8/06 305-235-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #