726919

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
\$8.	7,50	

Office Use Only

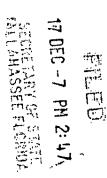


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S TALLENT DEC 0 8 2017

RIA Resign





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2017

REV. DR. GWENDOLYN JEFFERSON 1070 LITTLE RIVER DRIVE MIAMI, FL 33150

SUBJECT: MT. SINAI BAPTIST CHURCH OF PERRINE, INC.

Ref. Number: 726919

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

PLEASE FILL OUT BOTH FORMS PROVIDED. ONE IS AN OFFICER/DIRECTOR RESIGNATION FORM, WHICH IS \$35.00 AND THE OTHER IS A RESIGNATION OF REGISTERED AGENT FORM, WHICH IS A FEE OF \$87.50. THIS WILL REMOVE YOU FROM THE CORPORATION COMPLETELY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 017A00023448

17 BEC - 7 PR.2: 49
UPPART OF STATE OF

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Mt. Sinai Baptist Church of Ferrise, Inc. (Name of Corporation)
DOCUMENT NUMBER: 726919
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rev. Dr. Gwendolyn Dale Jefferson (Name of Person)
Mt. Smai Baptist Church of Bring Inc. (Name of Firm/Company)
(Address) Les Connect 1070 Little River Briver
Recrire Hords 33157-5866 Marri, Fla. 33150 (City/State and Zip Code)
For further information concerning this matter, please call:
Rev. Dr. Guen Tefferson at (305) 781-4580 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Rev. Dr. Gwendown Date Jefferson (Name of Registered Agent)	
hereby resigns as Registered Agent for M. Sivai Raptist Church of Jerrine Tro	. •
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Rev. Dr. Henerdalyn Dale Jeffersons (Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
SSEE - SEE -	

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)