

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90185 042 ****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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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

TITLE NAME	JONES, ALLEN <input type="checkbox"/> Delete
STREET ADDRESS	14701 SW 104 AVE
CITY-ST-ZIP	MIAMI FL 33176
TITLE NAME	TD <input type="checkbox"/> Delete
STREET ADDRESS	SURRANEY, CORA
CITY-ST-ZIP	14521 TYLER STREET MIAMI FL
TITLE NAME	PD <input type="checkbox"/> Delete
STREET ADDRESS	BELL, REV REMARK (TRUST)
CITY-ST-ZIP	16701 SW 105HT AVE MIAMI FL
TITLE NAME	T <input type="checkbox"/> Delete
STREET ADDRESS	WALKER, ANDRILLA
CITY-ST-ZIP	17810 SW 102 AVE PERRINE FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D.S.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HANNA MARY LOU
CITY-ST-ZIP	10445 S.W. 172nd St. Miami, FLA. 33157
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hanna Mary Lou* **HANNA MARY LOU** **3/31/03 305-235-3381**

CR2E037 (10/02)