

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 729437 (4)

1. Corporation Name

MT. SINAI MISSIONARY BAPTIST CHURCH OF OPA LOCKA, INC.

95 FEB -9 AM 11:31

Principal Place of Business

Mailing Address

**7730 NW 2 AVE
MIAMI, FL 33150**

**7730 NW 2 AVE
MIAMI, FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1974

3a. Date of Last Report

03/10/1994

4. FEI Number

59-6558397

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**LASKY, HARVEY L.
7700 NORTH KENDALL DRIVE
SUITE 303
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	SOLOMON, WILLIE L., REV.	1.2 NAME	
STREET ADDRESS	2011 YORK ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	1.4 CITY - ST - ZIP	OPA LOCKA, FL. 33054
TITLE	SD	2.1 TITLE	☐ Change ☒ Addition
NAME	HODGE, VERA	2.2 NAME	33147
STREET ADDRESS	2290 NW 98 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☒ Addition
NAME	HODGE, ELIJAH	3.2 NAME	33147
STREET ADDRESS	2290 NW 98 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	HODGE, BESSIE	4.2 NAME	33147
STREET ADDRESS	1860 NW 67 ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Rev. W. L. Solomon, Willie L. Solomon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-681-5947

Typed Name