

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729437** (4)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified
04/22/1974

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE
NAME **SOLOMON, WILLIE L., REV.**
STREET ADDRESS **2011 YORK ST**
CITY-STATE-ZIP **OPA LOCKA FL**

TITLE **SD** ☒ DELETE
NAME **HODGE, VERA**
STREET ADDRESS **2290 NW 98 ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE
NAME **HODGE, ELIJAH**
STREET ADDRESS **2290 NW 98 ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **HODGE, BESSIE**
STREET ADDRESS **1860 NW 67 ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Rev. Mayshack Lane, Rev D** ☒ Change ☒ Addition
12 NAME **247 NW 58 ST**
13 STREET ADDRESS
14 CITY-STATE-ZIP **Miami FL 33127**

21 TITLE **SD** ☒ Change ☐ Addition
22 NAME **RHONDA LANE**
23 STREET ADDRESS **247 NW 58 ST.**
24 CITY-STATE-ZIP **Miami FL 33127**

31 TITLE **LANE, MAYSHACK, REV** ☒ Change ☐ Addition
32 NAME **247 NW 58 ST**
33 STREET ADDRESS **MIAMI FLA**
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.07(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: **Mayshack Lane, Mayshack Lane**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. MAYSHACK LANE
Clergyman
Date **02/2/96** Daytime Phone # **754 8532**

CR2E037 (12/95)