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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729437

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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/22/1974
22	City & State	City & State	4. FEI Number
	Zip	Country	59-6558397
23	Country	Country	Applied For
	Zip	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
	Zip	Country	\$8.75 Additional Fee Required
	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
	Country	Country	Trust Fund Contribution <input type="checkbox"/>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, WILLIE I., REV.	1.2 NAME	PD Rev May Shack Lane
STREET ADDRESS	2011 YORK ST	1.3 STREET ADDRESS	247 NW 58th
CITY-ST-ZIP	OPA LOCKA FL Deceased	1.4 CITY-ST-ZIP	Miami Fla 33127
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, RHONDA	2.2 NAME	
STREET ADDRESS	247 NW 58TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, REV M	3.2 NAME	
STREET ADDRESS	247 NW 58TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, BESSIE	4.2 NAME	
STREET ADDRESS	1860 NW 67 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Rev May Shack Lane** SIGNATURE REQUIRED **4/7/99** 305-754 8532
 _____ Date _____ Daytime Phone # _____