

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00 00000 000 000 000 000 000

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90078 035 ****69.97

DOCUMENT # 729437

1. Entity Name

MT. SINAI MISSIONARY BAPTIST CHURCH OF OPA LOCKA

Principal Place of Business

Mailing Address

7730 NW 2 AVE
 MIAMI, FL 33150

7730 NW 2 AVE
 MIAMI, FL 33150-2998

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

59-6558397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Holmes, NATHANIEL C.**
 Street Address (P.O. Box Number is Not Acceptable)
2278 N.W. 98 ST
MIAMI, FLORIDA
 City **MIAMI** State **FL** Zip Code **33147**

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.

SIGNATURE *Nathaniel C. Holmes*

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

(NOTE: Registered Agent signature required when reinstating)

3/23/00

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYSHACK, LANE REV	
STREET ADDRESS	247 NW 58 ST.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANE, RHONDA	
STREET ADDRESS	247 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, REV M	
STREET ADDRESS	247 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGE, BESSIE	
STREET ADDRESS	1860 NW 67 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD (Change)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, NATHANIEL, REV	
STREET ADDRESS	2278 N.W. 98 ST	
CITY-ST-ZIP	MIAMI, FLA 33147	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, SANDRA	
STREET ADDRESS	5800 N.W. 8 AVE	
CITY-ST-ZIP	MIAMI FLA 33127	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, FREDRICK	
STREET ADDRESS	1411 N.W. 51 Street apt A	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, MAYSHACK, REV	
STREET ADDRESS	247 NW 58 ST	
CITY-ST-ZIP	MIAMI FLA 33127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, RHONDA	
STREET ADDRESS	247 N.W. 58 ST	
CITY-ST-ZIP	MIAMI FLA 33127	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, BESSIE	
STREET ADDRESS	1860 NW 67 ST	
CITY-ST-ZIP	MIAMI FLA	

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: *Nathaniel C. Holmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2000

DATE

DAYTIME PHONE #