

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90239 029 ****70.00

DOCUMENT # 729437

1. Entity 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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

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
**HOLMES, NATHANIEL G
2278 NW 98TH STREET
MIAMI FL 33147**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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



CHECK HERE IF MAKING CHANGES

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S	FLOSTER, CASSANDRA <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FLOSTER, CASSANDRA		NAME:	
STREET ADDRESS: 5800 NW 5TH AVE.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP:	
TITLE: D	LEACH, JR., SYLVESTER <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEACH, JR., SYLVESTER		NAME:	
STREET ADDRESS: 1365 NW 196TH TER.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
TITLE: D	HODGE, BESSIE <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HODGE, BESSIE		NAME:	
STREET ADDRESS: 1860 NW 67 ST.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP:	
TITLE: P	HOLMES, NATHANIEL C <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HOLMES, NATHANIEL C		NAME:	
STREET ADDRESS: 2278 N.W. 98 ST.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33147		CITY-ST-ZIP:	
TITLE: T	WALKER, PAULINE <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WALKER, PAULINE		NAME:	
STREET ADDRESS: 278 NW 59TH ST.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33129		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: Nathaniel G. Holmes **RED** April 28, 2003

CR2E037 (10/02)