


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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 002 *****61.25

DOCUMENT # 737076	
1. Entity Name NEW MT. SINAI MISSIONARY BAPTIST CHURCH	

DO NOT WRITE IN THIS SPACE

24076033

2. Principal Place of Business 1300 FARGO STREET SOUTH	3. Mailing Address 1300 FARGO STREET SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG, FLORIDA	City & State ST. PETERSBURG, FLORIDA	4. FEI Number 591990605	Applied For <input type="checkbox"/> Not Applicable
Zip 33712	Country PINELLAS	Zip 33712	Country PINELLAS
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES C. McDONALD SR.
Street Address (P.O. Box Number is Not Acceptable) 5691 GROVE STREET SOUTH
City ST. PETERSBURG
FL
Zip Code 33705

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) **DATE** _____

FEE IS \$61.25
Initial or Amended UBR

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

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JAMES C. McDONALD SR. 5691 GROVE STREET SOUTH ST. PETERSBURG, FLORIDA 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE V-P NAME STREET ADDRESS CITY-ST-ZIP	BOBBY McDONALD 833 58TH. AVENUE SOUTH ST. PETERSBURG, FLORIDA 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW EVANS 1733 37TH. STREET SOUTH ST. PETERSBURG, FLORIDA 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	CHRISTELL WILLIAMS 1161 16TH. AVENUE SOUTH ST. PETERSBURG, FLORIDA 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address with all other like empowered.

SIGNATURE: James C. McDonald Sr. 5-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)