

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 005 ****61.25

DOCUMENT # 737076

1. Entity Name

NEW MT. SINAI MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

1300 FARGO ST S
ST PETERSBURG FL 33712-1838

1300 FARGO ST S
ST PETERSBURG FL 33712-1838

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 **04-3846098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, JAMES C, SR
5691 GROVE ST. SO.
ST. PETERSBURG FL 33705

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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** ☐ Delete
NAME **MCDONALD, JAMES, SR**
STREET ADDRESS **5691 GROVE ST. SO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **VP** ☐ Delete
NAME **MCDONALD, BOBBY**
STREET ADDRESS **833 58TH AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **T** ☐ Delete
NAME **EVANS, MATTHEW**
STREET ADDRESS **1733 37TH STREET SO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **S** ☐ Delete
NAME **WILLIAMS, CHRISTINE**
STREET ADDRESS **1161 16TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: James McDonald Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-06

Date

Daytime Phone #