

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90063 044 \*\*\*\*61.25

DOCUMENT # N00000000391

1. Entity Name

MT SINAI MISSIONARY HOLINESS CHURCH INC.

Principal Place of Business

503 E. 63RD ST.  
JACKSONVILLE FL 32218

Mailing Address

503 E. 63RD ST.  
JACKSONVILLE FL 32218

2. Principal Place of Business

503 E. 63RD ST.  
Suite, Apt. #, etc.  
NA

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 32208

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2071182

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADDO, RHONDA M DR.  
813 SWINFORD COURT  
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name  
DR. RHONDA MITCHELL-ADDO  
Street Address (P.O. Box Number is Not Acceptable)  
1000 BROWARD ROAD #1608  
City  
JACKSONVILLE, FL Zip Code  
32218

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

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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 = P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. RHONDA MITCHELL-ADDO
STREET ADDRESS	1000 BROWARD ROAD #1608
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32218
TITLE = DIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMANUEL A. ADDO
STREET ADDRESS	1000 BROWARD ROAD #1608
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32218
TITLE = D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. ULYSSES MITCHELL
STREET ADDRESS	7955 SMART AVE
CITY-ST-ZIP	JACKSONVILLE, FL. 32219
TITLE = M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. TIMOTHY RAGGINS
STREET ADDRESS	4263 LOCO RD #926
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32257
TITLE = S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. LINDA FAY RAGGINS
STREET ADDRESS	4263 LOCO RD #926
CITY-ST-ZIP	JACKSONVILLE, FL. 32257
TITLE = T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. GRACIE DARLING
STREET ADDRESS	6125 WILSON BLVD
CITY-ST-ZIP	JACKSONVILLE, FL. 32244

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:

DR. RHONDA MITCHELL-ADDO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)