

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-14-2002 90029 013 ****70.00

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ADDO, RHONDA M DR.
 813 SWINFORD COURT
 ORANGE PARK FL 32085

7. Name and Address of New Registered Agent

Name DR. Rhonda Mitchell-ADDOStreet Address (P.O. Box Number is Not Acceptable) 1000 BROWARD ROAD #102City 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. 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

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <u>Apt.</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>#102 - SAME NAME, Address (except apt #)</u>	
STREET ADDRESS <u>1000 BROWARD ROAD #102</u>	
CITY-ST-ZIP <u>JACKSONVILLE FL 32218</u>	
TITLE <u>Apt # Change to #102 - NAME Remain</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>NAME</u>	
STREET ADDRESS <u>Remain The Same And ADDRESS.</u>	
CITY-ST-ZIP <u>JACKSONVILLE FL 32218</u>	
TITLE <u>NAME Remain</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>NAME</u>	
STREET ADDRESS <u>Remain The Same And ADDRESS.</u>	
CITY-ST-ZIP <u>JACKSONVILLE FL 32218</u>	
TITLE <u>T.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>MINISTER JAMES C. POLITE, JR.</u>	
STREET ADDRESS <u>11011 Harts Rd apt #511</u>	
CITY-ST-ZIP <u>JACKSONVILLE, Florida 32218</u>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)

Attachment



Corrections Made!

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

42245

August 15, 2002

MT SINAI MISSIONARY HOLINESS CHURCH INC.
503 E. 63RD ST.
JACKSONVILLE, FL 32218

Subject: MT SINAI MISSIONARY HOLINESS CHURCH INC.

Reference Number: N00000000391

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION

*Thank you for the opportunity
to make corrections!*
D. M. Addo.