


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90080 011 \*\*\*\*61.25

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|---|---|
| <b>DOCUMENT #</b> N00000000391                                    |  |
| <b>1. Entity Name</b><br>MT SINAI MISSIONARY HOLINESS CHURCH INC. |   |

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| <b>Principal Place of Business</b><br>503 E. 63RD ST.<br>JACKSONVILLE FL 32218 | <b>Mailing Address</b><br>503 E. 63RD ST.<br>JACKSONVILLE FL 32218 |
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|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |
| Country                               | Zip                       |
| Country                               | Zip                       |



MOORE CR2E037 (11/03)

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| <b>6. Name and Address of Current Registered Agent</b><br>ADD, RHONDA M DR.<br>1000 BROWARD ROAD #102<br>JACKSONVILLE FL 32218 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name - <u>SAME AS IN #6</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>(NEW ADDRESS)</u><br><u>646 IYA PLACE</u><br>City <u>JACKSONVILLE,</u> FL Zip Code <u>32208</u> |
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| <b>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.</b><br>SIGNATURE <u>Dr. Rhonda Mitchell Addo</u> DATE <u>April 14, 04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| <b>P.</b><br>MITCHELL-ADD, RHONDA DR.<br>1000 BROWARD ROAD APT #102<br>JACKSONVILLE FL 32218 |                                 |
| <b>DT.</b><br>ADD, EMMANUEL A<br>1000 BROWARD ROAD APT #102<br>JACKSONVILLE FL 32218         |                                 |
| <b>D.</b><br>MITCHELL, MR. ULYSSES<br>7955 SMART AVE<br>JACKSONVILLE FL 32219                |                                 |
| <b>M.</b><br>RAGGINS, TIMOTHY<br>4382 WOODLEY CREEK RD.<br>JACKSONVILLE FL 32218             |                                 |
| <b>S.</b><br>RAGGINS, LINDA FAY<br>4382 WOODLEY CREEK RD.<br>JACKSONVILLE FL 32218           |                                 |
| <b>T.</b><br>POLITE, MINISTER JAMES C JR<br>1000 BROWARD ROAD #102<br>JACKSONVILLE FL 32218  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
|--|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Address |
| <b>646 IYA PLACE</b><br><b>JACKSONVILLE, FL. 32208</b> |   |
| <b>646 IYA PLACE</b><br><b>JACKSONVILLE, FL. 32208</b> |   |
|  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
|  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
|  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>646 IYA PLACE</b><br><b>JACKSONVILLE, FL. 32208</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Address |

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| <b>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.</b><br>SIGNATURE: <u>Dr. Rhonda Mitchell Addo</u> <u>PR. Rhonda Mitchell Addo</u> <u>April 14, 04</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |
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