

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000391

FILED
Apr 27, 2007
Secretary of State

Entity Name: MT SINAI MISSIONARY HOLINESS CHURCH INC.

Current Principal Place of Business:

646 IVA PLACE
JACKSONVILLE, FL 32208

New Principal Place of Business:

1330 PALMDALE STREET
JACKSONVILLE, FL 32208

Current Mailing Address:

646 IVA PLACE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 52-2071182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDO, RHONDA M DR.
646 IVA PLACE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL-ADDO, RHONDA DR.
Address: 646 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: E/T () Delete
Name: ADDO, EMMANUEL A
Address: 646 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MITCHELL, MR. ULYSSES
Address: 7955 SMART AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: M () Delete
Name: NEWMAN, HARRY
Address: 7612 JOHN F. KENNEDY (WEST)
City-St-Zip: JACKSONVILLE, FL 32219

Title: S () Delete
Name: POLITE, STEPHANIE
Address: 3107 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: POLITE, MINISTER JAMES C JR
Address: 3107 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POLITE, REV. JAMES C JR
Address: 3107 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. RHONDA MITCHELL-ADDO

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date