

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90060 015 \*\*\*\*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**

**11007036**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 52-2071182**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ADDO, RHONDA M DR.**  
**1000 BROWARD ROAD APT #102**  
**JACKSONVILLE FL 32218**

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**

*RHONDA M. ADDO, Rev. Dr. Rhonda Mitchell Addo March 27, 03*

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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **P** ☐ Delete  
**NAME** **MITCHELL-ADDO, RHONDA DR.**  
**STREET ADDRESS** **1000 BROWARD ROAD APT #102**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

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

**TITLE** **DT** ☐ Delete  
**NAME** **ADDO, EMMANUEL A**  
**STREET ADDRESS** **1000 BROWARD ROAD APT #102**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

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

**TITLE** **D** ☐ Delete  
**NAME** **MITCHELL, MR. ULYSSES**  
**STREET ADDRESS** **7955 SMART AVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32219**

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

**TITLE** **M** ☐ Delete  
**NAME** **RAGGINS, TIMOTHY**  
**STREET ADDRESS** **1000 BROWARD ROAD APT #102**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

**TITLE** ☒ Change ☐ Addition  
**NAME** **4382 WOODLEY CREEK Rd.**  
**STREET ADDRESS** **JACKSONVILLE, FL 32218**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **RAGGINS, LINDA FAY**  
**STREET ADDRESS** **1000 BROWARD ROAD APT #102**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

**TITLE** ☒ Change ☐ Addition  
**NAME** **4382 WOODLEY CREEK Rd.**  
**STREET ADDRESS** **JACKSONVILLE, FL 32218**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **POLITE, MINISTER JAMES C JR**  
**STREET ADDRESS** **11011 HARTS ROAD APT #511**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

**TITLE** ☒ Change ☒ Addition  
**NAME** **1000 BROWARD Rd. #102**  
**STREET ADDRESS** **JACKSONVILLE, FL 32218**  
**CITY-ST-ZIP**

**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:**

*Rhonda Mitchell Addo March 27, 03-904-765-6889*

CR2E037 (10/02)