

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

DOCUMENT # N00000002114

1. Entity Name

MOUNT SINAI DELIVERANCE CHURCH, INC.



04 MAY -7 PM 9:52

TALLAHASSEE, FLORIDA

Principal Place of Business

421 OLD DIXIE HWY
WEST PALM BEACH FL 33404

Mailing Address

3309 WINDSOR AVE. APT. #2
WEST PALM BEACH FL 33407-5045

2. Principal Place of Business

4106 Broadway

Suite, Apt. #, etc.

3. Mailing Address

3309 Windsor Dr

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

Country

33407

Palm Beach

Zip

Country

33407

Palm Beach



MOORE

CR2E037 (11/03)

4. FEI Number

65-0445535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPLEY, ERNEST JR
3309 WINDSOR AVE. APT. #2
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600035829336

05/10/04--01102--002 **0.25

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

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
Due By May 1, 2004

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

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	LAMPLEY, ERNEST JR	
STREET ADDRESS	3309 WINDSOR AVE. APT 2	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	APDT	<input checked="" type="checkbox"/> Delete
NAME	GALLION, JEFFERSON	
STREET ADDRESS	1220 W 6TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUMBY, FREDDIE	
STREET ADDRESS	5149 CARRIBEAN BLVD. APT #1216	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, EMMA D	
STREET ADDRESS	805 15TH STREET, #2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUMBY, JANNET S	
STREET ADDRESS	3309 WINDSOR AVENUE, #2	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALTERS POOLE, GELURA	
STREET ADDRESS	156 W. 14TH ST. APT 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR/DIRECTOR/Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYOLA Lampley C.	
STREET ADDRESS	3309 Windsor APT 2	
CITY-ST-ZIP	W.P.B. FL 33407	
TITLE	ASSIST PASTOR/ASSIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	EUGENE B MANSILLE	
CITY-ST-ZIP	618 ST. #5 W.P.B FL 33401	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDDIE Crumby	
STREET ADDRESS	5149 CARRIBEAN BLVD APT 1216	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TREASURE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMA A. MILLER	
STREET ADDRESS	4840 PINE CONE LN.	
CITY-ST-ZIP	W.P.B FL 33417	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANNETT S. Crumby	
STREET ADDRESS	3309 Windsor APT 2	
CITY-ST-ZIP	West Palm Beach	
TITLE	SECRETARY SPASSI TENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Crumby	
STREET ADDRESS	524 Cypress Dr.	
CITY-ST-ZIP	LAKE PARK FL 33404	

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

Jannett S. Crumby Jannett S. Crumby Secretary

4/28/04/561-842-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #