

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000088

FILED
Jan 03, 2006
Secretary of State

Entity Name: MOUNT SINAI COMMUNITY DEVELOPMENT ENTERPRISES, INC.

Current Principal Place of Business:

2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3694396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS RIVERS, DARLENE
2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

FLOWERS, ROBERT
2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206 US

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: ROBERT FLOWERS

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORDON, JAMES
Address: 2036 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DS () Delete
Name: KEESE, ESTELLE
Address: 1800 EDGEWOOD AVE #166
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MALPRESS, RANDALL
Address: 2036 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: CARTER, SARAH
Address: 2212 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GORDON, ROBERT
Address: 1604 GARDEN ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: JUSTICE, DONALD
Address: 24 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT FLOWERS

RA

01/03/2006

Electronic Signature of Signing Officer or Director

Date