2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000002092

Entity Name: MOUNT SINAI MISSIONARY BAPTIST CHURCH OF DELIVERANCE, INC.

Current Principal Place of Business:

2420 NW 6 ST
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2420 NW 6 ST
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 81-0596321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, KAREN F
210 NW 20 ST
POMPANO BEACH, FL 33060 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: MCCLEOD, GARY B
Address: 2420 NW 6 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: C ( ) Delete
Name: WATKINS, KAREN F
Address: 210 NW 20 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: CD ( ) Delete
Name: WATKINS, ISAAC
Address: 210 NW 20 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: S ( ) Delete
Name: BRYANT, LORETTA
Address: 2420 NW 6 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: BYNUM, KENNETH
Address: 2413 NW 6 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: MCCLEOD, RUFUS
Address: 2649 NW 9 CT
City-St-Zip: POMPANO BEACH, FL 33069

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 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: KAREN WATKINS C 04/30/2009

Electronic Signature of Signing Officer or Director — Date