

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2008
Secretary of State**

DOCUMENT# N04000000965

Entity Name: MT. SINAI BAPTIST CHURCH, INC.

Current Principal Place of Business:

4803 ZANA DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4803 ZANA DRIVE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 56-2443324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, WILLIE B
4803 ZANA DRIVE
FORT MYERS, FL 33905 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: DV () Delete
Name: GREEN, WILLIE B
Address: 4803 ZANA DR
City-St-Zip: FORT MYERS, FL 33905

Title: DC () Delete
Name: MCLEOD, BENNY DR.
Address: 2102 BARKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: JOHNSON, RICHARD
Address: 3732 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

Title: DT () Delete
Name: HICKS, ROBERT
Address: 10200 DEER RUN FARMS ROAD
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: PEARSEY, SHEILA
Address: 3118 GUAVA ST
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: BROWN, CLARENCE
Address: 3140 APACHE ST
City-St-Zip: FORT MYERS, FL 33916

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: DR BENNY MCLEOD

DC

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date