

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000005069

1. Entity Name
MT. SINAI MISSIONARY BAPTIST CHURCH, INC.



FILED
Feb 14, 2007 08:00 AM
Secretary of State

Principal Place of Business
5717 W. HWY 318
ORANGE LAKE, FL 32681

Mailing Address
P.O. BOX 421
ORANGE LAKE, FL 32681-0421



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3825888

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOUNTAIN, TOMMY D.
5685 W. HWY 318
ORANGE LAKE, FL 32681

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IN THIS SPACE

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

Tommy D. Fountain
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TP
FOUNTAIN, TOMMY D.
P.O. BOX 343
ORANGE LAKE, FL 32681

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TST
HASKINS, JUANITA
P.O. BOX 515
ORANGE LAKE, FL 32681

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DAMON, HAROLD
3719 SE 73 ST.
OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000636428
02/26/07-80017-008 70.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Tommy D. Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #