


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N06000005069</b><br>1. Entity Name<br><b>MT. SINAI MISSIONARY BAPTIST CHURCH, INC.</b> |  |
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|---|---|
| Principal Place of Business<br><b>5717 W. HWY 318<br/>ORANGE LAKE, FL 32681</b> | Mailing Address<br><b>P.O. BOX 421<br/>ORANGE LAKE, FL 32681-0421</b> |
|---|---|

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04202008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3825888</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><br><b>FOUNTAIN, TOMMY D.<br/>5685 W. HWY 318<br/>ORANGE LAKE, FL 32681</b> |
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| 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 <i>Rev. Tommy D. Fountain</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | <i>Rev. Tommy D. Fountain</i><br><small>(NOTE: Registered Agent signature required when reappointing)</small> | <i>4/21/08</i><br><small>DATE</small> |

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|---|---|---|
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U000000317328</b><br><b>05/13/08-80036-016 70.00</b> |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TP<br>FOUNTAIN, TOMMY D.<br>P.O. BOX 343<br>ORANGE LAKE, FL 32681 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TST<br>HASKINS, JUANITA<br>P.O. BOX 515<br>ORANGE LAKE, FL 32681  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAMON, HAROLD<br>3719 SE 73 ST.<br>OCALA, FL 34480           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 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. |                                       |   |
| <b>SIGNATURE: <i>Rev. Tommy D. Fountain</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | <i>4/21/08</i><br><small>Date</small> | <i>(352) 591-0380</i><br><small>Daytime Phone #</small> |