


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90005 017 \*\*\*\*61.25

<b>DOCUMENT # N06000012928</b> 1. Entity Name <b>MOUNT SINAI CHRISTIAN FELLOWSHIP, INC.</b>					
Principal Place of Business <b>431 W. HUBBARD AVE. DELAND, FL 32720</b>			Mailing Address <b>431 W. HUBBARD AVE. DELAND, FL 32720</b>		
2. Principal Place of Business - No P.O. Box # <b>918 South Adelle Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>918 South Adelle Avenue</b> Suite, Apt. #, etc.			
City & State <b>Deland, FL</b>		City & State <b>Deland, FL</b>		4. FEI Number <b>13-4351060</b>	
Zip <b>32720</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, ANTHONY M. 2832 JEWEL AVE. DELTONA, FL 32738</b>			7. Name and Address of New Registered Agent Name <b>Anthony M. Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>1409 Meadowlark Drive</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>		
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 <u><b>Mr. Anthony M. Brown, CEO</b></u> <span style="float: right;">5/6/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROWN, ANTHONY M. P 2832 JEWEL AVE. DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 1409 Meadowlark Drive Deltona, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BROWN, KATHERINE L. 2832 JEWEL AVE. DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP 1409 Meadowlark Drive Deltona, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHANKLIN, MOSHANIQUE 431 W. HUBBARD AVE. DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: <u><b>Anthony M. Brown</b></u> <span style="float: right;">05/6/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					