

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45688

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE GREATER MT. SINAI MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA, INC.

Current Principal Place of Business:

2708 NORTH AUSTRALIAN AVE
#12
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20853
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 65-0287568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONNORS, DELORES
1717 S AVENUE
RIVIERA BEACH, FL 33404 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: D () Delete
Name: WILLIAMS, KENNETH E.,
Address: 1072 FORSYTHIA LN
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T () Delete
Name: STURGIS, ROBERT
Address: 1156 W. 27TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T () Delete
Name: MORRIS, JIMMY
Address: 639 34TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: CONNORS, DELORES
Address: 1717 S. AVE
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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: DELORES CONNORS

RA

04/24/2007

Electronic Signature of Signing Officer or Director

Date