2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N94000004312

1. Entity Name
MOUNT SINAI BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1843 JERRY AVE SANFORD, FL 32771	1843 JERRY AVE SANFORD, FL 32771

01062008 No Chg-NP   CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282852	Applied For Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ANTHONY
1420 DIXIE WAY
SANFORD, FL 32771

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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 _Rev. Anthony miller - pastor_   _1-06-08_

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000784292
01/16/08-80050-004 70.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, CYNTHIA
STREET ADDRESS	1420 DIXIE WAY
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	D
NAME	ROBINSON, BERTA
STREET ADDRESS	409 S ALDERWOOD STREET
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	D
NAME	HARRIS, CHARLIE
STREET ADDRESS	1806 LINCOLN AVE
CITY-ST-ZIP	SAMFORD, FL 32771

TITLE	D
NAME	HOLT, TOMMIE L
STREET ADDRESS	1827 HAWKINS AVE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	S
NAME	WALKER, JUDY
STREET ADDRESS	309 PINE SHADOW LANE
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	P
NAME	LAWRENCE, JENNIFER
STREET ADDRESS	1836 HAWKINS AVE.
CITY-ST-ZIP	SANFORD, FL 32771

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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.

SIGNATURE: _Jennifer Lawrence, Clerk_   _1/6/08_ (407)474-7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #