2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N94000004312

Entity Name: MOUNT SINAI BAPTIST CHURCH, INC.

Current Principal Place of Business:

1843 JERRY AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1843 JERRY AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3282852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, ANTHONY
1420 DIXIE WAY
SANFORD, FL 32771 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:	MILLER, CYNTHIA	
Address:	1420 DIXIE WAY	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	ROBINSON, BERTA	
Address:	409 S ALDERWOOD STREET	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	HARRIS, CHARLIE	
Address:	1806 LINCOLN AVE	
City-St-Zip:	SAMFORD, FL 32771	
Title:	D	( ) Delete
Name:	HOLT, TOMMIE L	
Address:	1827 HAWKINS AVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	S	( ) Delete
Name:	WALKER, JUDY	
Address:	309 PINE SHADOW LANE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	P	( ) Delete
Name:	LAWRENCE, JENNIFER	
Address:	1836 HAWKINS AVE.	
City-St-Zip:	SANFORD, FL 32771	

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:	
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: JENNIFER LAWRENCE P 02/22/2009

Electronic Signature of Signing Officer or Director — Date