

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004312

FILED  
Feb 12, 2012  
Secretary of State

**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  
Name: MILLER, CYNTHIA  
Address: 1420 DIXIE WAY  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: ROBINSON, BERTA  
Address: 409 S ALDERWOOD STREET  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: HARRIS, CHARLIE  
Address: 1806 LINCOLN AVE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: HOLT, TOMMIE L  
Address: 1827 HAWKINS AVE  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: WALKER, JUDY  
Address: 309 PINE SHADOW LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: P  
Name: LAWRENCE, JENNIFER  
Address: 1836 HAWKINS AVE.  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER LAWRENCE

PRES

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date