

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90097 038 ****61.25

DOCUMENT # N99000005085

1. Entity Name

MOUNT SINAI MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2036 SILVER ST
 JACKSONVILLE FL 32206

2036 SILVER ST
 JACKSONVILLE FL 32206-3652

2. Principal Place of Business

MT. SINAI M. B. CHURCH
 Suite, Apt. #, etc.

3. Mailing Address

2036 SILVER STREET
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE, FL

City & State
 JACKSONVILLE, FL

4. FEI Number
 59-259 6879

Applied For
 Not Applicable

Zip Country
 32206 DIVAL

Zip Country
 32206 DIVAL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNDY, R L
 2036 SILVER ST
 JACKSONVILLE FL 32206

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE GUNDY, R L

1-7-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDERS, WILLIE	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWENS, GEORGE	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILCOX, JESSE	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNDON, RUBY F	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, CORNELIUS	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLAIN, KENNETH	
STREET ADDRESS	2036 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD, RACHEL
STREET ADDRESS	2036 SILVER ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKWOOD, THERESA
STREET ADDRESS	2036 SILVER ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, DEWITT
STREET ADDRESS	2036 SILVER ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R. L. GUNDY 1/2/00 9043547249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)