

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 31, 2005
Secretary of State**

DOCUMENT# N99000005085

Entity Name: MOUNT SINAI MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

MT. SINAI M.B. CHURCH
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2036 SILVER ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2596879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDY, R L
2036 SILVER ST
JACKSONVILLE, FL 32206 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: GUNDY, R L

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SANDERS, WILLIE
Address: 2036 SILVER ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD () Delete
Name: OWENS, GEORGE
Address: 2036 SILVER ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: WILCOX, JESSE
Address: 2036 SILVER ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: HERNDON, RUBY F
Address: 2036 SILVER ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MCCRAY, WILLIE M
Address: 2232 W 17TH
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: GREENE, RALPH
Address: 2036 SILVER ST
City-St-Zip: JACKSONVILLE, FL 32206

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 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 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: SANDERS, WILLIE

VD

10/31/2005

Electronic Signature of Signing Officer or Director

Date