

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005085

FILED  
Apr 29, 2009  
Secretary of State

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 (X)

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: V/D      ( ) Delete  
Name: JONES, KENNETH V/D  
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: ATD      ( ) Delete  
Name: MCCLAIN, KENNETH L II  
Address: 2036 SILVER ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: C      ( ) Delete  
Name: BURROUGHS, LEROY M C  
Address: 2036 SILVER ST  
City-St-Zip: JACKSONVILLE, FL 32206

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: KIMBROUGH, WALTER D  
Address: 2036 SILVER ST  
City-St-Zip: JACKSONVILLE, FL 32206

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: KENNETH L. MCCLAIN, II

ATD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date