

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40084

1. Entity Name

MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CH

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90065 021 ****61.25

Principal Place of Business

Mailing Address

410 N MYRTLE AVE
NEW SMYRNA BEACH FL 32168-6615

410 N MYRTLE AVE
NEW SMYRNA BEACH FL 32168-6615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3047707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALDEN, JOSEPH T.
1310 IDLEWILD DR
DAYTONA BEACH FL 32114

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

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	D	<input type="checkbox"/> Delete
NAME	WALDEN, JOSEPH T	
STREET ADDRESS	1310 IDLEWILD DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, RICHARD L	
STREET ADDRESS	216 N DUSS ST.	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, GEORGE M	
STREET ADDRESS	604 N DUSS ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, VERN	
STREET ADDRESS	409 WARREN AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, JAMES	
STREET ADDRESS	508 MARY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph T. Walden April 7, 2000 253-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)