


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90072 049 ****70.00

DOCUMENT # N40084	
1. Entity Name MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.	

Principal Place of Business 410 N MYRTLE AVE NEW SMYRNA BEACH FL 32168-6615	Mailing Address 410 N MYRTLE AVE NEW SMYRNA BEACH FL 32168-6615
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent WALDEN, JOSEPH T. 1310 IDLEWILD DR DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D WALDEN, JOSEPH T 1310 IDLEWILD DR DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D FRANKLIN, GEORGE M 604 N DUSS ST NEW SMYRNA BCH FL	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D HAYNES, CARLOS 333 DIMMICK STREET NEW SMYRNA BEACH FL 32168	TITLE NAME STREET ADDRESS CITY ST ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HAYNES, CARLOS 333 Dimmick Street New Smyrna Beach FL 32168
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D HAYNES, JAMES 333 DIMMICK STREET NEW SMYRNA BCH FL	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D BUTLER, FREDERICK L P.O. BOX 703321 NEW SMYRNA BEACH FL 32170	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Apr 124, 2007 386-253-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #