

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90241 042 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #

**406 N. Myrtle Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**406 N. Myrtle Avenue**  
Suite, Apt. #, etc.

City & State

**New Smyrna Beach, Florida**

Zip  
**32168-6615**

Country  
**Volusia**

City & State

**New Smyrna Beach, Florida**

Zip  
**32168-6615**

Country  
**Volusia**

4. FEI Number

**59-3047707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D WALDEN, JOSEPH T**  
STREET ADDRESS **1310 IDLEWILD DR**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete  
NAME **D FRANKLIN, GEORGE M**  
STREET ADDRESS **604 N DUSS ST**  
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE ☐ Delete  
NAME **D HAYNES, CARLOS**  
STREET ADDRESS **333 DIMMICK STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete  
NAME **D HAYNES, JAMES**  
STREET ADDRESS **333 DIMMICK STREET**  
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE ☐ Delete  
NAME **D BUTLER, FREDERICK L**  
STREET ADDRESS **P.O. BOX 703321**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 9, 2008 1-386-253-5740**