

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40084

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.

**Current Principal Place of Business:**

406 N MYRTLE AVE  
NEW SMYRNA BEACH, FL 321686615

**New Principal Place of Business:**

**Current Mailing Address:**

406 N MYRTLE AVE  
NEW SMYRNA BEACH, FL 321686615

**New Mailing Address:**

**FEI Number:** 59-3047707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALDEN, JOSEPH T.  
1310 IDLEWILD DR  
DAYTONA BEACH, FL 32114 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: WALDEN, JOSEPH T  
Address: 1310 IDLEWILD DR  
City-St-Zip: DAYTONA BEACH, FL

Title: D ( ) Delete  
Name: FRANKLIN, GEORGE M  
Address: 604 N DUSS ST  
City-St-Zip: NEW SMYRNA BCH, FL

Title: D ( ) Delete  
Name: HAYNES, CARLUS  
Address: 333 DIMMICK STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: HAYNES, JAMES  
Address: 333 DIMMICK STREET  
City-St-Zip: NEW SMYRNA BCH, FL

Title: D ( ) Delete  
Name: BUTLER, FREDERICK L  
Address: P.O. BOX 703321  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

**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:

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: JOSEPH T. WALDEN

MR.

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date