

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40084

**Entity Name:** MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.**Current Principal Place of Business:**406 N MYRTLE AVE  
NEW SMYRNA BEACH, FL 32168-6615**Current Mailing Address:**406 N MYRTLE AVE  
NEW SMYRNA BEACH, FL 32168-6615**FEI Number: 59-3047707****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUTLER, FREDERICK L  
185 BAY STREET  
NEW SMYRNA BEACH, FL 32168 US*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**Officer/Director Detail :**

Title	TRUSTEE, PRESIDENT
Name	BUTLER, FREDERICK
Address	185 BAY STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TRUSTEE
Name	FRANKLIN, GEORGE M
Address	604 N DUSS ST
City-State-Zip:	NEW SMYRNA BCH FL

Title	TRUSTEE
Name	BROWN, BERNICE
Address	409 WARREN AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TRUSTEE
Name	HAYNES, JAMES
Address	333 DIMMICK STREET
City-State-Zip:	NEW SMYRNA BCH FL

Title	TRUSTEE
Name	BROWN, VERN
Address	409 WARREN AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	PASTOR
Name	CLARK, CHARLIE
Address	4320 N. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

*I hereby 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 all other like empowered.*

**SIGNATURE: FREDERICK BUTLER****TRUSTEE PRESIDENT****02/09/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date