

2013 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:** Yes**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 D
Name WALDEN, JOSEPH T
Address 1310 IDLEWILD DR
City-State-Zip: DAYTONA BEACH FLTitle D
Name FRANKLIN, GEORGE M
Address 604 N DUSS ST
City-State-Zip: NEW SMYRNA BCH FLTitle D
Name BROWN, BERNICE
Address 409 WARREN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168Title D
Name HAYNES, JAMES
Address 333 DIMMICK STREET
City-State-Zip: NEW SMYRNA BCH FLTitle D
Name BUTLER, FREDERICK L
Address 185 BAY STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168Title D
Name BROWN, VERN
Address 409 WARREN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168Title 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 L. BUTLER**REGISTERED AGENT****06/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date