

2016 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	TRUSTEE	Title	TRUSTEE
Name	WALDEN, JOSEPH T	Name	FRANKLIN, GEORGE M
Address	1310 IDLEWILD DR	Address	604 N DUSS ST
City-State-Zip:	DAYTONA BEACH FL	City-State-Zip:	NEW SMYRNA BCH FL
Title	TRUSTEE	Title	TRUSTEE
Name	BROWN, BERNICE	Name	HAYNES, JAMES
Address	409 WARREN AVENUE	Address	333 DIMMICK STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BCH FL
Title	TRUSTEE	Title	PASTOR
Name	BROWN, VERN	Name	CLARK, CHARLIE
Address	409 WARREN AVENUE	Address	4320 N. TROPICAL TRAIL
City-State-Zip:	NEW SMYRNA BEACH FL 32168	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**CHAIRMAN OF TRUSTEES 04/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date