


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713912</b>	
1. Entity Name MT. OLIVE PRIMITIVE BAPTIST CHURCH, INC.	

Principal Place of Business 6931 N.W. 17 AVE. MIAMI, FL 33169	Mailing Address 6931 N.W. 17 AVE. MIAMI, FL 33169
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0120527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARFMAN, BO LESLIE  
 39 EAST 6TH STREET  
 HIALEAH, FL 33010

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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: *James Conrad Jr. cc* DATE: 04-05-2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, FRAZIER JR 3721 NW 159 STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACK, LEON 8410 NW 33 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LEVI J 18601 NW 24 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000696879  
 04/18/07-80017-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James Conrad Jr.* DATE: 04-05-2007 DAYTIME PHONE #: 305-836-8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR