

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:13

DOCUMENT # 738597 (4)

1. Corporation Name
NEW MOUNT OLIVE BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1977	3a. Date of Last Report 02/28/1994
4. FEI Number 59-1166782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
400 N.W. 9TH AVENUE FT. LAUDERDALE FL 33311		400 N.W. 9TH AVENUE FT. LAUDERDALE FL 33311	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

ALLEN W GEORGE
305 S. ANDREWS AVE #701
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN H.	1.2 NAME	
STREET ADDRESS	400 NW 9TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BENJAMIN J	2.2 NAME	
STREET ADDRESS	400 NW 9TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	2.4 CITY - ST - ZIP	
TITLE	BM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH JR, CATO	3.2 NAME	
STREET ADDRESS	400 NW 9TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	3.4 CITY - ST - ZIP	
TITLE	ABM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, CLARENCE	4.2 NAME	
STREET ADDRESS	400 NW 9TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKSTON, FREDERICK	5.2 NAME	
STREET ADDRESS	400 N.W. 9TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, W. GEORGE	6.2 NAME	
STREET ADDRESS	400 N.W. 9TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 2/13/95 305 463-6681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials) (Print Name)