

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738597 (4)

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



Principal Place of Business: **400 N.W. 9TH AVENUE FT. LAUDERDALE FL 33311**
Mailing Address: **400 N.W. 9TH AVENUE FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **04/07/1977**
3a. Date of Last Report: **02/22/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1166782	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24	25	29	30	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cato Roach Jr* Date: 2/26/96 Daytime Phone #: (954) 463-5126

CR2E037 (12/95)