

4-6-98 B-4226 C-
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 04/07/1977		
4. FEI Number 59-1166782	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 Michael Robinson	
82 Street Address (P.O. Box Number is Not Acceptable) 707 NE 3 Avenue	
83 Suite 401	
84 City Ft. Lauderdale	85 Zip Code FL 33316

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: *[Signature]* **March 24, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, JOHN H.		1.2 NAME Howard, Everett O.	
STREET ADDRESS 400 NW 9TH AVE.		1.3 STREET ADDRESS 400 NW 9th Avenue	
CITY-ST-ZIP FT LAUDERDALE FL 33311		1.4 CITY-ST-ZIP Ft Lauderdale, FL 33311	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINKSTON, FREDERICK		5.2 NAME Williams, Arthur E	
STREET ADDRESS 400 N.W. 9TH AVE.		5.3 STREET ADDRESS 400 NW 9th Avenue	
CITY-ST-ZIP FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP Ft Lauderdale, FL 33311	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, W. GEORGE		6.2 NAME Robinson, Michael	
STREET ADDRESS 400 N.W. 9TH AVENUE		6.3 STREET ADDRESS 400 NW 9th Avenue	
CITY-ST-ZIP FT. LAUDERDALE FL 33311		6.4 CITY-ST-ZIP Ft Lauderdale, FL 33311	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **3/30/98 (95) 583-4515**

CFR2E037 (10/97)