

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90109 010 ****70.00

DOCUMENT # 738597

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2276086

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, MICHAEL
 707 NE 3 AVE
 STE 401
 FT LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	HOWARD, EVERETT O	
STREET ADDRESS	400 NW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BENJAMIN J	
STREET ADDRESS	400 NW 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	BM	<input type="checkbox"/> Delete
NAME	CARTER, JERRY	
STREET ADDRESS	400 NW 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	ABM	<input type="checkbox"/> Delete
NAME	LAWRENCE, CLARENCE	
STREET ADDRESS	400 NW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ARTHUR E	
STREET ADDRESS	400 NW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL	
STREET ADDRESS	400 NW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE REQUIRED

1/25/02

954-463-5126

CR2E037 (9/01)