

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2004  
Secretary of State**

DOCUMENT# 738597

Entity Name: NEW MOUNT OLIVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

400 N.W. 9TH AVENUE  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

400 N.W. 9TH AVENUE  
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 59-2276086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: GREEN, NATHANIEL  
Address: 400 NW 9TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TD      ( ) Delete  
Name: WILLIAMS, BENJAMIN J,  
Address: 400 NW 9TH AVE.  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: BM      ( ) Delete  
Name: CARTER, JERRY  
Address: 400 NW 9TH AVE.  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: ABM      ( ) Delete  
Name: LAWRENCE, CLARENCE,  
Address: 400 NW 9TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD      ( ) Delete  
Name: WILLIAMS, ARTHUR E  
Address: 400 NW 9TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: PD      ( ) Delete  
Name: ROBINSON, MICHAEL  
Address: 400 NW 9TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHANIEL GREEN

C

01/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date