


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 033 ****61.25

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
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2276086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETTIS, EUGENE K
ONE FINANCIAL PLAZA-7TH FLOOR
FORT LAUDERDALE, FL 33394

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eugene K Pettis (NOTE: Registered Agent signature required when reinstating) DATE: 1/22/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARNES, MOSES 400 NW 9TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORTON, CHARLES 400 NW 9TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NIXON, MICHAEL 400 NW 9TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUMPKINS, LEILA 400 NW 9TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWRENCE, CLARENCE 400 NW 9TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JANA 400 NW 9TH AVE FORT LAUDERDALE, FL 33311

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DATE: 1/22/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR