

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**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2276086

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

1/22/08
DATE

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	C
NAME	BARNES, MOSES
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	C
NAME	MORTON, CHARLES
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	C
NAME	NIXON, MICHAEL
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	C
NAME	LUMPKINS, LEILA
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	T
NAME	LAWRENCE, CLARENCE
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	S
NAME	DAVIS, JANA
STREET ADDRESS	400 NW 9TH AVE
CITY-ST-ZIP	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: Moses Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08
Date

Daytime Phone #