

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
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:

PETTIS, EUGENE K
ONE FINANCIAL PLAZA-7TH FLOOR
FORT LAUDERDALE, FL 33394 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: BARNES, MOSES
Address: 400 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: C () Delete
Name: MORTON, CHARLES
Address: 400 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: C () Delete
Name: NIXON, MICHAEL
Address: 400 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: C () Delete
Name: LUMPKINS, LEILA
Address: 400 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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

Title: S () Delete
Name: DAVIS, JANA
Address: 400 NW 9TH AVE
City-St-Zip: FORT 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
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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 exemption stated 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 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: JANA DAVIS

S

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date