


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90197 001 \*\*\*\*\*8.75  
03-05-2008 90197 002 \*\*\*\*\*61.25

<b>DOCUMENT # 771090</b>	
1. Entity Name <b>MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED</b>	

Principal Place of Business <b>4290 NW 17 AVE. MIAMI FL 33142</b>	Mailing Address <b>P.O. BOX 421345 MIAMI FL 33242-1345 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-6534483</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WRIGHT, KATIE L. 3128 N.W. 65TH ST. MIAMI FL 33147</b>	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>MOSS, ALEXANDER, KATHY</b>
STREET ADDRESS	<b>4745 NW 32ND AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>WRIGHT, K L</b>
STREET ADDRESS	<b>3128 NW 65 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>ALEXANDER, STACY R</b>
STREET ADDRESS	<b>3120 NW 67TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>RAGINS, NANCY</b>
STREET ADDRESS	<b>2110 NW 82ND ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>WRIGHT, KATIE L.</b>
STREET ADDRESS	<b>3128 N.W. 65TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD ALEXANDER, STACY R</b>
STREET ADDRESS	<b>4745 N.W. 32ND AVENUE</b>
CITY-ST-ZIP	<b>MIAMI, FLA. 33142</b>
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	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: Katie Lee Wright / KATIE LEE WRIGHT 02/26/08