

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004646	
1. Entity Name MT. OLIVE BAPTIST CHURCH OF JACKSONVILLE, INC.	



FILED

06 JAN 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4080 GRANT ROAD JACKSONVILLE, FL 32207	Mailing Address 4080 GRANT ROAD JACKSONVILLE, FL 32207
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2. Principal Place of Business		3. Mailing Address 2125 Wright Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL 32207	
Zip	Country	Zip	Country
32207	USA	32207	USA

01242006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent SHAW, DALE L REV. 7227 GLENDYNE DR. S JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name James E Thomas Street Address (P.O. Box Number is Not Acceptable) 1815 Mosley St City Jacksonville FL Zip Code 32207	
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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 James E Thomas DATE 1-22-06
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JENKINS, CLYDE PASTOR 2239 CATO ROAD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(DT) 1815 Mosley St JAX FL 32207 James E. Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAW, DALE DR. 7227 GLENDYNE DRIVE SOUTH JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delmer L. Byrd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2125 Wright Ave (DT) Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ORA MRS 2239 CATO ROAD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James E Thomas JAMES E. Thomas 1-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #