2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N25372

Entity Name
MT. OLIVE FIRST MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1140 NW 30 AVE FT. LAUDERDALE, FL 33311 US	P.O. BOX 100636 FORT LAUDERDALE, FL 33310 US

04042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0055907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HYPPOLITE, FRANCINOR
1140 NW 30 AVE
FORT LAUDERDALE, FL 33311

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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 _____ DATE
Signature, typed or 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HYPPOLITE, FRANCINOR
STREET ADDRESS	1140 NW 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	HYPPOLITE, ETILUS
STREET ADDRESS	1140 NW 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	TD
NAME	EGLAUS, MAUDE T
STREET ADDRESS	1140 NW 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	SD
NAME	LORIMAIRE, PAUL
STREET ADDRESS	1140 NW 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ASD
NAME	HYPPOLITE, MARIE O.
STREET ADDRESS	1140 NW 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80120-011 61.25

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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: Hyppolite PD 4/4/06 954-791-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #