

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N25372

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



Principal Place of Business
**1140 NW 30 AVE
FT. LAUDERDALE, FL 33311 US**

Mailing Address
**P.O. BOX 100636
FORT LAUDERDALE, FL 33310 US**



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0055907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000757325
05/23/07-80067-002 61.25

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2007
Date Daytime Phone #