

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 PM 2:01

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N30692 (0)

1. Corporation Name
NEW MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business 3001 18TH AVENUE SOUTH ST. PETERSBURG FL 33712 | Mailing Address 3001 18TH AVENUE SOUTH ST. PETERSBURG FL 33712 |
|--|--|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/14/1989 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-2930117 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CAMERON, OTIS
1100 26TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Otis Cameron* / **Otis Cameron** DATE: **4/23/95**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | P |
| NAME | RHODES, CARL II |
| STREET ADDRESS | 2458 MELROSE AVENUE SO. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | S |
| NAME | WILLIAMS, JANIE |
| STREET ADDRESS | 620 38TH STREET SO. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | T |
| NAME | MORGAN, JULIA |
| STREET ADDRESS | 3685 40TH ST. SOUTH |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | D |
| NAME | ROBINSON, ODELL |
| STREET ADDRESS | 5573 HIGHLAND SOUTH |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | D |
| NAME | BENTLEY, WILLIE J. |
| STREET ADDRESS | 3227 SIXTH AVENUE SOUTH |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | D |
| NAME | CRAWFORD, WILLIE |
| STREET ADDRESS | 4001 22NS AVENUE SO. |
| CITY - ST - ZIP | ST. PETERSBURG FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 900001485549 |
| 14 CITY - ST - ZIP | -05/12/95--01039--004 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | ****130.00 |
| 23 STREET ADDRESS | ****130.00 |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | D Walker, Kenneth |
| 43 STREET ADDRESS | 4045 2nd Avenue South |
| 44 CITY - ST - ZIP | St. Petersburg, FL 33711 |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Financial Secretary |
| 53 STREET ADDRESS | Downie, Wilhelmina |
| 54 CITY - ST - ZIP | 2155 22nd Avenue South |
| 55 CITY - ST - ZIP | St. Petersburg, FL 33712 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Carl Rhodes II* / **Carl Rhodes II** DATE: **4/23/95** (813) 337-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR