


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
 May 24, 2004 08:00 AM  
 Secretary of State

**DOCUMENT # N30692**

1. Entity 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

**DO NOT WRITE IN THIS SPACE**



05042004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2930117

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, OTIS  
 1100 28 AVE S  
 SAINT PETERSBURG, FL 33705

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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


10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WILLIAMS, JANIE
STREET ADDRESS	620 38TH STREET SO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	T
NAME	MORGAN, JULIA
STREET ADDRESS	1930 BARCELONA WAY S.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	ROBINSON, ODELL
STREET ADDRESS	5573 HIGHLAND S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	S
NAME	DOWNIE, WILHELMINA
STREET ADDRESS	2155 22ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	MORGAN, JAMES
STREET ADDRESS	2342 7TH AVE S
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	P
NAME	SYKES, JOSEPH A
STREET ADDRESS	1768 DAYTON ST S
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

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 05/24/04-80001-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 5-15-04 727/327 9904  
Signature and typed or printed name of signing officer or director