


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 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      Mailing Address  
**3001 18TH AVENUE SOUTH**      **3001 18TH AVENUE SOUTH**  
**ST. PETERSBURG, FL 33712**      **ST. PETERSBURG, FL 33712**

**DO NOT WRITE IN THIS SPACE**



04102005 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when releasing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	1760 DAYTON ST S
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

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U00000317902  
 04/20/05-80037-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.077(3)(f), 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 Joseph A. Sykes, Pastor      Date 4-17-05      Daytime Phone # 927-321-3898