


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90045 030 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04212007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2930117		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		7. Name and Address of New Registered Agent	
CAMERON, OTIS 1100 26 AVE S SAINT PETERSBURG, FL 33705		Name <i>Odell Robinson</i> Street Address (P.O. Box Number is Not Acceptable) <i>5573 Highland St S</i> City <i>St Petersburg</i> FL Zip Code <i>33705</i>	
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 <i>Odell Robinson</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JANIE 620 38TH STREET SO. ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, JULIA 1930 BARCELONA WAY S. ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Regina Dixon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3911 Miramar Way S</i> <i>St Petersburg FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ODELL 5573 HIGHLAND S. SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ervin Whitehead</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3435 3rd Ave N Apt 209</i> <i>St Petersburg FL 33713</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNIE, WILHELMINA 2155 22ND AVENUE SOUTH ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ceffie Alexander</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2626 Queen St S</i> <i>St Petersburg FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JAMES 2342 7TH AVE S ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYKES, JOSEPH A 1760 DAYTON ST S ST. PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Janie H. Williams Secretary</i>		Date <i>4/22/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	