


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 002 ****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		04232008 Chg-NP CR2E037 (12/06)	
Zip		Country		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		
ROBINSON, ODELL 5573 HIGHLAND ST. S SAINT PETERSBURG, FL 33705			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 <u>Odell Robinson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JANIE		NAME		
STREET ADDRESS	620 38TH STREET SO.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, REGINA		NAME		
STREET ADDRESS	3911 MIRAMAR WAY S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEHEAD, ERVIN		NAME	Robinson, Odell	
STREET ADDRESS	3435 3RD AVE N APT 209		STREET ADDRESS	5573 Highland St S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	Saint Petersburg FL 33705	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, EFFIE		NAME		
STREET ADDRESS	2626 QUEEN ST S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Sory Bradley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/27/08</u>		Daytime Phone #: <u>863 605-1419</u>