

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40084 (8)

1. Corporation Name
MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.

Principal Place of Business **Mailing Address**
410 N MYRTLE AVE 410 N MYRTLE AVE
NEW SMYRNA BEACH FL 32168-6615 NEW SMYRNA BEACH FL 32168-6615



3. Date Incorporated or Qualified 09/13/1990 **3a. Date of Last Report** 04/28/1995

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
25	30

4. FEI Number 59-3047707 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDEN, JOSEPH T.
1310 IDLEWILD DR
DAYTONA BEACH FL 32114

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDEN, JOSEPH T	
STREET ADDRESS	1310 IDLEWILD DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, RICHARD L	
STREET ADDRESS	216 N DUSS ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, GEORGE M	
STREET ADDRESS	604 N DUSS ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTHON, CHARLIE	
STREET ADDRESS	1319 ENTERPRISE AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, VERN	
STREET ADDRESS	409 WARREN AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYNES, JAMES	
STREET ADDRESS	508 MARY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Joseph T. Walden - Joseph T. Walden - April 19, 1996 (904) 253-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)