2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90102 007 ****61.25

DOCUMENT # N40084

1. Entity Name

MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.

50050394

1st MOORE CR2E037 (10/04)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3047707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDEN, JOSEPH T 1310 IDLEWILD DR DAYTONA BEACH FL	☐ Delete	D Frederick L. Butler P.O. Box 703321 New Smyrna Beach, Florida 32170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, RICHARD L 216 N DUSS ST NEW SMYRNA BCH FL	☒ Delete	D Carlos Haynes 333 Dimmick Street New Smyrna Beach, Florida 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKLIN, GEORGE M 604 N DUSS ST NEW SMYRNA BCH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, VERN 409 WARREN AVE NEW SMYRNA BCH FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, JAMES ~~608 MARY AVE~~ 333 Dimmick Street NEW SMYRNA BCH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Joseph T. Walden - Joseph T. Walden - 4/25/05 - (386)253-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #