


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N40084 1. Entity Name MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF JESUS CHRIST, INC.	
---	---

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



2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E037 (10/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3047707
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For Not Applicable

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	
TITLE	D <input type="checkbox"/> Delete WALDEN, JOSEPH T 1310 IDLEWILD DR DAYTONA BEACH FL
TITLE	D <input type="checkbox"/> Delete FRANKLIN, GEORGE M 604 N DUSS ST NEW SMYRNA BCH FL
TITLE	D <input type="checkbox"/> Delete HAYNES, CARLOS 333 DIMMICK STREET NEW SMYRNA BEACH FL 32168
TITLE	D <input type="checkbox"/> Delete HAYNES, JAMES 333 DIMMICK STREET NEW SMYRNA BCH FL
TITLE	D <input type="checkbox"/> Delete BUTLER, FREDERICK L P.O. BOX 703321 NEW SMYRNA BEACH FL 32170
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	U00000534767 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> 05/08/06-80023-022 61.25
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph T. Walden Joseph T. Walden 04-24-06 (386)253-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #