

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 # N93000005696 (0)

1. Corporation Name
MT. OLIVE PRIMITIVE BAPTIST CHURCH OF JACKSONVILLE, INC.



Principal Place of Business: **1319 NORTH MYRTLE AVENUE JACKSONVILLE FL 32209**
Mailing Address: **POST OFFICE BOX 40845 JACKSONVILLE FL 32203**

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **05/30/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

4	FEI Number	Applied For
	NOT APPLICABLE	Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HARRIS, LEE L
1319 NORTH MYRTLE AVENUE
JACKSONVILLE FL 32209**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LEE L	1.2 NAME	
STREET ADDRESS	1262 WEST 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEE, BIRNETT	2.2 NAME	
STREET ADDRESS	2584 MINOSO CIRCLE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CLIFFORD E SR.	3.2 NAME	
STREET ADDRESS	5585 MINOSO CIRCLE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, HAROLD	4.2 NAME	
STREET ADDRESS	6720 CASPER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WILLIE T SR	5.2 NAME	
STREET ADDRESS	7950 W. CONCORD BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LORENZO	6.2 NAME	
STREET ADDRESS	11668 CARAPACE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	6.4 CITY-ST-ZIP	

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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: *Lee E. Harris* **Lee E. Harris** **4/30/96** **(904) 355-0015**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)