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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

319 NORTH MYRTLE AVENUE  
JACKSONVILLE FL 32209

POST OFFICE BOX 40845  
JACKSONVILLE FL 32203-0845

3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

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

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

FL

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 *Lee E. Harris* **Lee E. Harris, President** 3/2/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, LEE L	
STREET ADDRESS	1262 WEST 4TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEE, BIRNETT	
STREET ADDRESS	2564 MINOSO CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, CLIFFORD E SR.	
STREET ADDRESS	5565 MINOSO CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, HAROLD	
STREET ADDRESS	6720 CASPER CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, WILLIE T SR	
STREET ADDRESS	7850 W. CONCORD BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, LORENZO	
STREET ADDRESS	11668 CARAPACE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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** 3/2/97 (904) 355-0065  
Signature and typed or printed name of signing officer or director Date

CR2E037 (9/96)