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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005696

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/20/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, LEE E
 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*
 Signature, typed or printed name of registered agent, and title if applicable.

Lee E. Harris **4/11/99**
 (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 E	
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 checked="" 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	7950 W. CONCORD BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, LORENZO	
STREET ADDRESS	11668 CARAPAGE 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 checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Stewart, Herbert
3.4 CITY-ST-ZIP	10876 Tarin Dr Jacksonville, FL 32218
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 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, with all other like empowered.

SIGNATURE: *Lee E. Harris* **SIGNATURE REQUIRED** *Lee E. Harris* **4/11/99** *(904) 355-0015*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)