

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 03, 2004  
Secretary of State**

DOCUMENT# N93000005696

Entity Name: MT. OLIVE PRIMITIVE BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1319 NORTH MYRTLE AVENUE  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 40845  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

FEI Number: 59-3359874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARRIS, LEE E  
1319 NORTH MYRTLE AVENUE  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: HARRIS, LEE E  
Address: 1319 NORTH MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D      ( ) Delete  
Name: GEE, BIRNETT  
Address: 2564 MINOSO CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: PIERCE, HAROLD  
Address: 6720 CASPAR CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: ROBINSON, STANLEY  
Address: 1319 NORTH MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S      ( ) Delete  
Name: MORGAN, JACKIE  
Address: 1319 NORTH MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: WIGGINS, RONALD D  
Address: 1319 NORTH MYRTLE AVEENUE  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE E. HARRIS

C

06/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date