

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 23, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: LEE E. HARRIS

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: 2554 W. 43RD STREET
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: D () Delete
Name: WIGGINS, RONALD D
Address: 4120 WILCREST CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

CHM

10/23/2007

Date