

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moylem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N94000005389 (1)

1. Corporation Name

MOUNT OLIVE DEVELOPMENT CORPORATION (MODCO)

95 FEB 27 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MT. OLIVE BAPTIST CHURCH
400 N.W. 9TH AVE.
FT. LAUDERDALE FL 33311

C/O MT. OLIVE BAPTIST CHURCH
400 N.W. 9TH AVE.
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/31/1994

4. FEI Number

Applied For

65-0548855

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.632, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, L. JAMES
400 N.W. 9TH AVE.
FT. LAUDERDALE FL 33311

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *L. James Hudson*
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HUDSON, L. JAMES
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	LOMAX, WAYNE
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	CARTER, MACK KING
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	HOWARD, EVERETT
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	LUMPKINS, HENRY
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	KUMA, RAYMOND
STREET ADDRESS	400 N.W. 9TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33311

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with my address.

SIGNATURE: *L. James Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/8/95
Date

463-5126
System Phone #