


FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005389 (1)**  
1. Corporation Name  
**MOUNT OLIVE DEVELOPMENT CORPORATION (MODCO)**



Principal Place of Business C/O MT. OLIVE BAPTIST CHURCH 400 N.W. 9TH AVE. FT. LAUDERDALE FL 33311	Mailing Address C/O MT. OLIVE BAPTIST CHURCH 400 N.W. 9TH AVE. FT. LAUDERDALE FL 33311
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3. Date Incorporated or Qualified <b>10/31/1994</b>	
4. FEI Number <b>65-0548855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>407 NW 9th Ave.</b> Suite, Apt. #, etc. 22 <b>Suite #1</b> City & State 23 <b>Ft. Lauderdale, Fla.</b> Zip 24 <b>33311</b>	2a. Mailing Address 26 <b>407 NW 9th Ave.</b> Suite, Apt. #, etc. 27 <b>Suite #1</b> City & State 28 <b>Ft. Lauderdale, Fla.</b> Zip 29 <b>33311</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Hudson, L. James**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**407 NW 9th Ave**  
83 **Suite #1**  
84 City **Ft. Lauderdale** FL 85 Zip Code **33311**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, L. JAMES	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ARTHUR E	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUMPLER, MARLA	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, WALTON	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, JERRY	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUMA, RAYMOND	
STREET ADDRESS	400 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hudson, L. James	
1.3 STREET ADDRESS	407 NW 9 Ave, Suite #1	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Arthur E.	
2.3 STREET ADDRESS	407 NW 9 Ave, Suite #1	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fla 33311	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crumpler, marla	
3.3 STREET ADDRESS	407 NW 9 Ave., Suite #1	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hunter, walton	
4.3 STREET ADDRESS	407 NW 9 Ave., Suite #1	
4.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carter, Jerry	
5.3 STREET ADDRESS	407 NW 9 Ave., Suite #1	
5.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kuma, Raymond	
6.3 STREET ADDRESS	407 NW 9 Ave., Suite #1	
6.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311	

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.

SIGNATURE: James Hudson 1/13/98 954-767-9919

CRZE037 (10/97)