


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

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000615</b>		
1. Entity Name MT. OLIVE MISSIONARY BAPTIST CHURCH OF LAKE HARBOR, FLORIDA, INC.		
Principal Place of Business LAKE HARBOR LAKE HARBOR, FL 33459 US	Mailing Address PO BOX 627 SOUTH BAY, FL 33493 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JACKSON, MARY 295 N.W. 11 AVE. SOUTH BAY, FL 33493		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THORNTON, JAMES P.O. BOX 1142 N/A CLEWISTON, FL 33440	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THORNTON, MAJOR 1211 LOUISIANA AVE. CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WESTON, GULLY 190 N. STATE ROAD 715 BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORD, MARY 300 SW 1ST STREET SOUTH BAY, FL 33493	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACKSON, MARY 295 NW 11TH AVE. SOUTH BAY, FL 33493	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORD, JOHN A 13139 GREENFINCH TERRANCE WELLINGTON, FL 33414	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Mary Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Mary Jackson</u> <u>1/22/04</u> <u>(561) 996-5782</u> <small>Date Daytime Phone #</small>



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0633145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/04-80024-010 70.00