


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90102 017 \*\*\*\*70.00

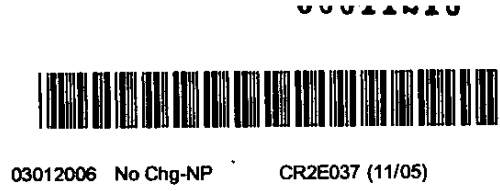
**DOCUMENT # N97000002224**

1. Entity Name  
**MOUNT OLIVE PRIMITIVE BAPTIST CHURCH  
COMMUNITY DEVELOPMENT CORPORATION**



|  |  |
|--|--|
| Principal Place of Business<br><b>6931 NW 17TH AVE<br/>MIAMI, FL 33147</b> | Mailing Address<br><b>6931 NW 17TH AVE<br/>MIAMI, FL 33147</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



|   |  |
|---|--|
| 4. FEI Number<br><b>65-0825494</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**SCHARFMAN, B. LESLIE  
39 EAST 6TH STREET  
HIALEAH, FL 33010**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANDERSON, LEVI J<br>18601 NW 24TH AVE<br>MIAMI, FL 33056  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROLLINS, GREGORY<br>1271 NW 191ST ST<br>MIAMI, FL 33169   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARNOLD, FRAZIER JR<br>3721 NW 159TH ST<br>MIAMI, FL 33054 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frazier Arnold Jr* 04/09/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #