

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N97000002224**

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



Principal Place of Business 6931 NW 17TH AVE MIAMI, FL 33147	Mailing Address 6931 NW 17TH AVE MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0825494	Applied For 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: *[Signature]* 04-05-2007  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LEVI J 18601 NW 24TH AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, GREGORY 1271 NW 191ST ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, FRAZIER JR 3721 NW 159TH ST MIAMI, FL 33054
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 04/18/07-80017-008 70.00

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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: *[Signature]* 04-05-2007 305-836-8554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #