

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2009  
Secretary of State**

DOCUMENT# N97000002224

**Entity Name:** MOUNT OLIVE PRIMITIVE BAPTIST CHURCH COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

6931 NW 17TH AVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

6931 NW 17TH AVE  
MIAMI, FL 33147 US

**New Mailing Address:**

**FEI Number:** 65-0825494      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHARFMAN, B. LESLIE  
166 HIALEAH DRIVE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANDERSON, LEVI J  
Address: 18601 NW 24TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: D ( ) Delete  
Name: ROLLINS, GREGORY  
Address: 1271 NW 191ST ST  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: ARNOLD, FRAZIER JR  
Address: 3721 NW 159TH ST  
City-St-Zip: MIAMI GARDENS, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEA. LEVI ANDERSON, JR.

DEAC

04/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date