

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

4/2

04-25-2003 90143 024 ***70.00

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**

33047003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0825494**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWEIGER, MARIAN
901 NE 125TH ST
N MIAMI FL 33161**

**8. LESLIE SCHARFMAN
39 EAST 6TH STREET
HIALEAH, FLA. 33010**

Name

Street Address **8. LESLIE SCHARFMAN
ATTORNEY AT LAW**

City **39 EAST 6TH STREET
HIALEAH FL 33010**

City

FL

FL

Zip Code

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

Leslie Scharfman Attorney

June 9, 2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D ANDERSON, LEV J**
STREET ADDRESS **18801 NW 24TH AVE**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ROLLINS, GREGORY**
STREET ADDRESS **1271 NW 191ST ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ARNOLD, FRAZIER JR**
STREET ADDRESS **3721 NW 159TH ST**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 REQUIRED**

4-14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)