

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30692

**Entity Name:** NEW MOUNT OLIVE PRIMITIVE BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC0527318794**

**Current Principal Place of Business:**

3001 18TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

3001 18TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712 US

**FEI Number: 59-2930117**

**Certificate of Status Desired: No**

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

ROBINSON, ODELL  
5573 HIGHLAND ST. S  
SAINT PETERSBURG, FL 33705 US

*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: ODELL ROBINSON**

**04/08/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WILLIAMS, JANIE H.  
Address 620 38TH ST S  
City-State-Zip: ST. PETERSBURG FL 33711

Title TREASURER  
Name NEWKIRK, SANDRA  
Address 3730 5TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33711

Title CHAIRMAN  
Name ROBINSON, ODELL  
Address 5573 HIGHLAND ST S  
City-State-Zip: SAINT PETERSBURG FL 33705

Title CHAIRMAN  
Name DIXON, REGINA  
Address 3911 MIRAMAR WAY S  
City-State-Zip: SAINT PETERSBURG FL 33705

*I hereby 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 all other like empowered.*

**SIGNATURE: JANIE H. WILLIAMS**

**SECRETARY**

**04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date