### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005696

Entity Name: MT. OLIVE PRIMITIVE BAPTIST CHURCH OF JACKSONVILLE,

INC.

FILED Feb 06, 2024 Secretary of State 8910880376CC

#### **Current Principal Place of Business:**

1319 NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209

## **Current Mailing Address:**

POST OFFICE BOX 40845 JACKSONVILLE, FL 32203 US

FEI Number: 59-3359874 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

HARRIS, LEE E 1319 NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209 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: LEE E. HARRIS 02/06/2024

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title C Title D

Name HARRIS, LEE E Name GEE, BIRNETT

Address 1319 NORTH MYRTLE AVENUE Address 2564 MINOSO CIRCLE WEST City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32209

Title D Title

NamePIERCE, HAROLDNameROBINSON, STANLEYAddress6720 GASPAR CIRCLEAddress1222 KING JAMES PLACECity-State-Zip:JACKSONVILLE FL 32218City-State-Zip:JACKSONVILLE FL 32218

Title TREASURER Title D

Name WOODS, IRIS L Name WIGGINS, RONALD D

Address 7816 SOUTHSIDE Address 4120 WILCREST CIRCLE W.

APT.14 City-State-Zip: JACKSONVILLE FL 32277

City-State-Zip: JACKSONVILLE FL 32256

SIGNATURE: LEE E. HARRIS

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.

Electronic Signature of Signing Officer/Director Detail

CHAIRMAN

02/06/2024