

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005696

FILED
Feb 25, 2015
Secretary of State
CC4950141444

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name HARRIS, LEE E
Address 1319 NORTH MYRTLE AVENUE
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name GEE, BIRNETT
Address 2564 MINOSO CIRCLE WEST
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name PIERCE, HAROLD
Address 6720 GASPAR CIRCLE
City-State-Zip: JACKSONVILLE FL 32218

Title T
Name ROBINSON, STANLEY
Address 2554 W. 43RD STREET
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE
Name JACKSON, DRYDELL T
Address 1319 NORTH MYRTLE AVENUE
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name WIGGINS, RONALD D
Address 4120 WILCREST CIRCLE W.
City-State-Zip: JACKSONVILLE FL 32277

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: LEE E. HARRIS

CHAIRMAN

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date