FEI Number: 65-0825494			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
NICKERSON, E 14201 POLK ST MIAMI, FL 331	TREET			
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	BARBARA NICKERSON			04/01/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	RICHARDSON, SHIRLEY L	Name	JAMES, BLANCHARD JR.	
Address	1400 NW 97 TER	Address	1231 NW 51 STREET	
City-State-Zip:	PEMBROKE PINES FL 33024-4441	City-State-Zip:	MIAMI FL 33142	
Title	TREASURER	Title	ASST. TREASURER	
Name	ISAAC, JOHNNY	Name	BURCH, PRESTON	
Address	12291 SW 122 PATH	Address	6541 GRANT COURT	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	HOLLYWOOD FL 33024	
Title	SECRETARY	Title	ASST. SECRETARY	
Name	JOHNSON, KENDRA	Name	DEAVENS-JONES, KENYA	
Address	1955 NW 74TH STREET #103	Address	P.O. BOX 681353	

Current Mailing Address:

DOCUMENT# N9700002224

DEVELOPMENT CORPORATION **Current Principal Place of Business:**

6931 NW 17TH AVE MIAMI, FL 33147 US

6908 NW 15 AVENUE MIAMI, FL 33147

65 0005404 F

N

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MOUNT OLIVE PRIMITIVE BAPTIST CHURCH COMMUNITY

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: SHIRLEY RICHARDSON

City-State-Zip: MIAMI FL 33147

PRESIDENT

City-State-Zip: MIAMI FL 33168

04/01/2016

Electronic Signature of Signing Officer/Director Detail

FILED Apr 01, 2016 Secretary of State CC6718377111

Date