SIGNATURE: SHIRLEY L. RICHARDSON

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9700002224

Entity Name: MOUNT OLIVE PRIMITIVE BAPTIST CHURCH COMMUNITY **DEVELOPMENT CORPORATION**

Current Principal Place of Business:

6908 NW 15 AVENUE MIAMI, FL 33147

Current Mailing Address:

6931 NW 17TH AVE MIAMI, FL 33147 US

FEI Number: 65-0825494

Name and Address of Current Registered Agent:

NICKERSON, BARBARA 14201 POLK STREET MIAMI, FL 33176 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	E: BARBARA NICKERSON			12/09/2013
	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	
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33168	

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

Certificate of Status Desired: Yes

12/09/2013 Date

FILED Dec 09, 2013 Secretary of State CC6557888494

PRESIDENT