## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002224

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 Certificate of Status Desired: Yes

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: BARBARA NICKERSON 04/05/2019

> Electronic Signature of Registered Agent Date

> > City-State-Zip:

Address

MIAMI FL 33142

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name RICHARDSON, SHIRLEY L Name JAMES, BLANCHARD JR. Address Address 1231 NW 51 STREET

650 SW 124TH TERR 405

City-State-Zip: PEMBROKE PINES FL 33027

Title ASST. TREASURER Title **TREASURER** 

BURCH, PRESTON Name ISAAC, JOHNNY Name

Address 6541 GRANT COURT Address 12291 SW 122 PATH

City-State-Zip: HOLLYWOOD FL 33024 City-State-Zip: MIAMI FL 33186

Title ASST. SECRETARY Title **SECRETARY** 

Name DEAVENS-JONES, KENYA JOHNSON, KENDRA Name

P.O. BOX 681353 Address 1955 NW 74TH STREET #103

City-State-Zip: MIAMI FL 33168 City-State-Zip: MIAMI FL 33147

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

**PRESIDENT** 

04/05/2019

**FILED** Apr 05, 2019

**Secretary of State** 

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