

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N08000004935

Entity Name: MINISTRY VILLAGE AT OLIVE, INC.

Current Principal Place of Business:

1836 E. OLIVE ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1836 E. OLIVE ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 26-2795365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, PAUL A
226 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRAYLOR, TED DR.
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: PEARSON, HUEY
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: LANGFORD, JAN
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: BUTLER, PAM
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: TIDWELL, BARRY
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SILER, JACK III
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHELL, PAULA
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHEILA K REED

FDD

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date