

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004935

FILED
Jan 06, 2012
Secretary of State

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 ()**

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
Name: HARROD, STEVE
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

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

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

Title: D
Name: TIDWELL, JOHN B
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: PRICE, BOBBY
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: PINSON, DARLENE
Address: 1836 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

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: SHEILA K. REED

FDD

01/06/2012

Electronic Signature of Signing Officer or Director

_____ Date