FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:07

DOCUMENT # N08954 (2)

1. Corporation Name
MOUNT OLIVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
5661 MOUNT OLIVE RD CRESTVIEW FL 32539	5661 MOUNT OLIVE RD CRESTVIEW FL 32539 32539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2804410 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GIBSON, MARIE C
~~4108 PINEDEROSA TRAIL~~ 4052 LOOP LANE
CRESTVIEW FL 32539 CRESTVIEW, FL 32539

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD		1.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, MARIE C		1.2 NAME	
STREET ADDRESS	~~4108 PINEDEROSA TRAIL~~	4052 LOOP LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		1.4 CITY-ST-ZIP	
TITLE	CT		2.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, MARIE C		2.2 NAME	
STREET ADDRESS	~~4108 PINEDEROSA TRAIL~~	4052 LOOP LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		2.4 CITY-ST-ZIP	
TITLE	D		3.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, SHARON		3.2 NAME	
STREET ADDRESS	532 S.FERDON BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		3.4 CITY-ST-ZIP	
TITLE	SVD		4.1 TITLE	☐ Change ☐ Addition
NAME	~~SMITH, CATHY JO~~	CATHY JO BURLISON	4.2 NAME	
STREET ADDRESS	4090 PINEDEROSA TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP	
TITLE	D		5.1 TITLE	☐ Change ☐ Addition
NAME	LATHAN, HARVEY		5.2 NAME	
STREET ADDRESS	207 CASPER DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL		5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIE C. GIBSON Marie C. Gibson, Pres. 3/8/95 904-682-6218
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0671956