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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N08954 (2)

1. Corporation Name
MOUNT OLIVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
5661 MOUNT OLIVE RD CRESTVIEW FL 32539 US	5661 MOUNT OLIVE RD CRESTVIEW FL 32539-8863 US

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBSON, MARIE C
~~4052 LOOP LANE~~ 4108 PineDeRosa Trail
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE MARIE C. GIBSON Marie C. Gibson 4-2-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CIBSON, MARIE C		1.2 NAME		
STREET ADDRESS	~~4052 LOOP LANE~~		1.3 STREET ADDRESS	4108 PineDeRosa Trail	
CITY-ST-ZIP	CRESTVIEW FL		1.4 CITY-ST-ZIP	CRestview, FL 32539	
TITLE	CT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, MARIE C		2.2 NAME		
STREET ADDRESS	~~4052 LOOP LANE~~		2.3 STREET ADDRESS	4108 PineDeRosa Trail	
CITY-ST-ZIP	CRESTVIEW FL		2.4 CITY-ST-ZIP	CRestview, FL 32539	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~LYONS, SHARON~~		3.2 NAME		
STREET ADDRESS	~~532 G.FERDON BLVD.~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		3.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURLISON, CATHY J		4.2 NAME		
STREET ADDRESS	4090 PINEDEROSA TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

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