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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

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 / Co 30

3. Date Incorporated or Qualified: 04/29/1985

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBSON, MARIE C
~~4062 LOOP LANE~~
CRESTVIEW FL 32539

10. Name and Address of New Registered Agent

Name: MARIE C. GIBSON

Street Address (P.O. Box Number is Not Acceptable): SAME 4108 PINEDEROSA TRAIL

City: CRESTVIEW,

FL 35 Zip Code: 32539

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/PTD — 2/10/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	☐ DELETE
NAME	GIBSON, MARIE C	
STREET ADDRESS	4108 PINEDEROSA TRAIL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	CT	☐ DELETE
NAME	GIBSON, MARIE C	
STREET ADDRESS	4108 PINEDEROSA TRAIL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	SVD	☐ DELETE
NAME	BURLISON, CATHY J	
STREET ADDRESS	4090 PINEDEROSA TRAIL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	☐ DELETE
NAME	LATHAN, HARVEY	
STREET ADDRESS	207 CASPER DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	☐ Change ☐ Addition
2	☐ Change ☐ Addition
3	☐ Change ☐ Addition
4	☐ Change ☐ Addition
5	☐ Change ☐ Addition
6	☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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.

SIGNATURE: MARIE C. GIBSON/PTD — 2/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075872