2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 08:00 AM Secretary of State DOCUMENT # N08954 1. Entity Name MOUNT OLIVE MINISTRIES, INC. Mailing Address Principal Place of Business 5661 MOUNT OLIVE RD CRESTVIEW FL 32539 5661 MOUNT OLIVE RD CRESTVIEW FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2804410 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYONS, MARIE C Street Address (P.O. Box Number is Not Acceptable) 4108 PÍNEDEROSA TRAIL CRESTVIEW FL 32539 City Zro Code 8. 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. I am familiar with, and accept the obligations of registered agent. abure, typed or printed name of registered agent and little if applicable Registered Agent signature ed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTDT TITLE ☐ Delele TITLE ☐ Change Addition LYONS, MARIE C NAME NAME U00000065877 4108 PINEDEROSA TRAIL STREET ADDRESS STREET ADDRESS 02/25/04-80054-023 61.25 CRESTVIEW FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change Addition TITLE LYONS, MARIE C NAME NAME 4108 PINEDEROSA TRAIL STREET ADDRESS STREET ADDRESS CRESTVIEW FL CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition mue ☐ Delete TITLE BURLISON, CATHY J NAME NAME 4090 PINEDEROSA TRAIL STREET ADDRESS STREET ADDRESS CRESTVIEW FL CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE LYONS, DENNIS L NAME NAME 4108 PINEDEROSA TRAIL STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP

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SIGNATURE: MARIE C. LYONS MALE TYPES OF SIGNANG OFFICE OF DIRECTOR AND JOHN STORE PROPERTY DAME OF SIGNANG OFFICE OF DIRECTOR AND THE PROPERTY DAME OF SIGNANG OFFICE OFFIC

changed, or on an attachment with an address, with all other like emp

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6) 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if