

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003021 (1)

1. Corporation Name

MT. OLIVE COMMUNITY SERVICES CORPORATION

Principal Place of Business

2754 ORANGE STREET
FORT MYERS FL 33916

Mailing Address

2754 ORANGE STREET
FORT MYERS FL 33916



3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0578834

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOCKTON, ALAN B REV.
2754 ORANGE STREET
FORT MYERS FL 33916

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

| | | |
|----------------|---------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAILEY, CHARLES B | |
| STREET ADDRESS | 2266 SECOND STREET | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LEAVER, WAYNE | |
| STREET ADDRESS | 4025 SANDLEWOOD LANE STE 4 | |
| CITY-ST-ZIP | FORT MYERS FL 33916 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KELLY, LORI | |
| STREET ADDRESS | 1950 HENDERSON AVENUE | |
| CITY-ST-ZIP | FORT MYERS FL 33916 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BOBO, ROBERT | |
| STREET ADDRESS | 6474 ROYAL WOODS DRIVE | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ADAMS, NEAL JR. | |
| STREET ADDRESS | 3109 DR. MARTIN LUTHER KING JR. BLVD. | |
| CITY-ST-ZIP | FORT MYERS FL 33916 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEWTON, GERALD | |
| STREET ADDRESS | 3920 MICHIGAN AVENUE | |
| CITY-ST-ZIP | FORT MYERS FL 33916 | |

| | | |
|--------------------|----------------------|---|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | North, Joseph R. | |
| 1.3 STREET ADDRESS | 2256 Heitman Street | |
| 1.4 CITY-ST-ZIP | Fort Myers, FL 33901 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 332-0305

Date

Daytime Phone #

CR2E037 (12/95)