

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90213 018 \*\*\*\*61.25

**DOCUMENT # N99000004040**

1. Entity Name

**JERUSALEM-MT. OLIVE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**2679 SOUTH HIGHWAY 73  
MARIANNA FL 32448**

Mailing Address

**2679 SOUTH HIGHWAY 73  
MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-3587868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EPHRAIM, THOMAS  
2679 SOUTH HIGHWAY 73  
MARIANNA FL 32448**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	NORMA, MERRITT	
STREET ADDRESS	2669 HIGHWAY 73 SOUTH	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, YOUNG	
STREET ADDRESS	3288 COYS LANE	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	V	<input type="checkbox"/> Delete
NAME	YVONNE, STEVENS	
STREET ADDRESS	4499 LOVETT ROAD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAIL, JONES	
STREET ADDRESS	2075 VISTA ROAD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, NAOMI	
STREET ADDRESS	4424 PANDORA ROAD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPHRAIM, THOMAS	
STREET ADDRESS	2679 HWY 73	
CITY-ST-ZIP	MARIANNA FL 32448	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE STEVENS	
STREET ADDRESS	4499 LOVETT ROAD	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES MENCHION	
STREET ADDRESS	3303 GARDENVUE ROAD	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAIAH MORGAN	
STREET ADDRESS	2032 HWY 73	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Norma Merritt* Norma Merritt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

Date

Daytime Phone #