

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003755

1. Entity Name

MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF CRYSTAL

Principal Place of Business

428 NE 3RD AVE
CRYSTAL RIVER FL 34428

Mailing Address

2931 S. CAUTHEN PT
LECANTO FL 34461

2. Principal Place of Business

2105 N. Georgia Road

3. Mailing Address

P.O. Box 327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-6568848

Applied For
Not Applicable

Zip

34429

Country

USA

Zip

34423

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOYNER, DOUGLAS J SR
2931 S. CAUTHEN PT.
LECANTO FL 34461

7. Name and Address of New Registered Agent

Name

Ocie Edwards, Jr.

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

1400 N. Dunkenfield Ave

City

Crystal River

FL

Zip Code

34429

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.

SIGNATURE

Ocie Edwards, Jr. - Ocie Edwards, Jr. - Deacon

01/19/01

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TRUSTEE Secretary	<input type="checkbox"/> Delete
NAME	BIDDLE, LILLIE M	
STREET ADDRESS	PO BOX 1261	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	BROOKS, KENNETH SR	
STREET ADDRESS	5601 W ALAMEDA LN	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE	TRUSTEE Vice-Chairman	<input type="checkbox"/> Delete
NAME	COUNCIL, ALPHONSO	
STREET ADDRESS	745 NE 5TH TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

TITLE	TRUSTEE	<input checked="" type="checkbox"/> Delete
NAME	WHALEY, WILLARD	
STREET ADDRESS	822 NE FIRST ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE	TRUSTEE Chairman	<input type="checkbox"/> Delete
NAME	EDWARDS, OCIE, Jr.	
STREET ADDRESS	1400 N DUNKENFIELD AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leroy J. Hill	
STREET ADDRESS	3 Carnation Ct E.	
CITY-ST-ZIP	Homosassa, FL 34446	

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Nelson	
STREET ADDRESS	1154 NE 1st St.	
CITY-ST-ZIP	Crystal River, FL 34429	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, WILLARD	
STREET ADDRESS	2537-NORTH VIRGINIA Rd	
CITY-ST-ZIP	CRYSTAL RIVER FLA 34428	

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:

Ocie Edwards, Jr. - Ocie Edwards, Jr. - Deacon 01/19/01 (352)795-0114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00012112



DO NOT WRITE IN THIS SPACE

02E037 (10/00)