

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705489

FILED
Mar 16, 2005
Secretary of State

Entity Name: OLIVE BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

1836 OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1836 OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-0991187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, STAN
8624 WESTVIEW LANE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNN, GENE
Address: 9501 BARON MILLER RD
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: JERALD, MILLER
Address: 9526 BARON MILLER RD
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: PARAZINE, CLYDE L.
Address: 8421 MILLSTREAM DR
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HUDSON, RICHARD
Address: 1502 MUIRFIELD RD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: WELLS, KEITH
Address: 2702 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SMITH, LARRY
Address: 5477 ROWE TRAIL
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEDSOLE, TRAVIS
Address: 1895 CHAVERS ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE L. PARAZINE

T

03/16/2005

Electronic Signature of Signing Officer or Director

Date