

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705489

Entity Name: OLIVE BAPTIST CHURCH, INCORPORATED**Current Principal Place of Business:**1836 OLIVE RD
PENSACOLA, FL 32514**Current Mailing Address:**1836 OLIVE RD
PENSACOLA, FL 32514**FEI Number:** 59-0991187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEARD, DANIEL H
3640 MENENDEZ DR.
PENSACOLA, FL 32503 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	PASSMORE, LIANNE
Address	4611 BAYBROOK DR.
City-State-Zip:	PENSACOLA FL 32514-7825

Title	TREASURER
Name	PARAZINE, CLYDE L.
Address	3595 EAST JOHNSON AVE
City-State-Zip:	PENSACOLA FL 32514

Title	TRUSTEE
Name	FONES, HUGH
Address	1514 KINGS ROAD
City-State-Zip:	CANTONMENT FL 32533

Title	TRUSTEE
Name	WOOD, WILLIAM JERRY
Address	5649 SANDSTONE DR.
City-State-Zip:	PACE FL 32571

Title	TRUSTEE
Name	BUTLER, RANDY
Address	2432 TRONJO PLACE
City-State-Zip:	PENSACOLA FL 32503

Title	TRUSTEE
Name	MORRIS, LARRY DR
Address	1750 PEACHES LN
City-State-Zip:	CANTONMENT FL 32533

I hereby 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 all other like empowered.

SIGNATURE: LIANNE PASSMORE**PRESIDENT****04/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date