2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2016
Secretary of State
CC4438639151

DOCUMENT# 716445

Entity Name: MOUNT OLIVE GARDENS NO.1, INC.

Current Principal Place of Business:

1700 NW 6TH PLACE, #2-102
FORT LAUDERDALE, FL 33311

Current Mailing Address:

P.O. BOX 26351
TAMARAC, FL 33320 US

FEI Number: 59-1403029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANGE, AVOLENE PRESIDE
7482 NW 48 PLACE
LAUDERHILL, FL 33319 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	DIRECTOR
Name	COOPER, RUDOLPH
Address	9060 NW 12 ST
City-State-Zip:	PLANATION FL 33322

Title	SECRETARY
Name	DOROTHEA P PAYTON
Address	PO BOX 26351
City-State-Zip:	TAMARAC FL 33320

Title	DIRECTOR
Name	HOUSTON, JAMES T III
Address	14939 SW 37TH STREET
City-State-Zip:	DAVIE FL 33331

Title	TREASURER
Name	INGRAM, ROBERT
Address	601 NW 46TH AVENUE
City-State-Zip:	PLANTATION FL 33317

Title	PRESIDENT
Name	CHANGE, AVOLENE
Address	7482 NW 48TH PL
City-State-Zip:	LAUDERHILL FL 33319

Title	DIRECTOR
Name	DIXON, CASTELLA
Address	750 NW 38TH AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	DIRECTOR
Name	KING, ERNEST
Address	7584 NW 3RD STREET
City-State-Zip:	PLANTATION FL 33317

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: AVOLENE CHANGE PRESIDENT 04/03/2016

Electronic Signature of Signing Officer/Director Detail — Date