

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004935

Entity Name: MINISTRY VILLAGE AT OLIVE, INC.**Current Principal Place of Business:**1716 E OLIVE RD
PENSACOLA, FL 32514**Current Mailing Address:**1716 E OLIVE RD
PENSACOLA, FL 32514 US**FEI Number:** 26-2795365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, PAUL A
40 PALAFOX PLACE STE 300
PENSACOLA, FL 32502 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 BOARD, TREASURER
Name HARRIS, JAMES
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title CHAIRMAN
Name COLLEY, CLIF
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title BOARD, SECRETARY
Name WHITE, MITCH
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title VC
Name TYNER, JUSTIN
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name ROBINSON, MORGAN
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name MILLER, RENEE
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR, EXECUTIVE
Name SMITH, DRAYTON
Address 1716 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

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: DRAYTON SMITH**EXECUTIVE DIRECTOR****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date