

**2021 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:** Yes**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 DIRECTOR  
Name WOOD, JERRY  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

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

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

Title SECRETARY  
Name PRINCIPE, JAMIE  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name KELLY, CHARLES T  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

Title TREASURER  
Name LABRATO, RON  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name MORRIS, LARRY DR.  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name NEWSOME, STEPHEN DR.  
Address 1716 E OLIVE RD  
City-State-Zip: PENSACOLA FL 32514

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*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: JEREMY PORTMANN****EXECUTIVE DIRECTOR****01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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