

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004935

Entity Name: MINISTRY VILLAGE AT OLIVE, INC.**Current Principal Place of Business:**1830 E. OLIVE ROAD
PENSACOLA, FL 32514**Current Mailing Address:**1830 E. OLIVE ROAD
PENSACOLA, FL 32514 US**FEI Number:** 26-2795365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, PAUL A
226 EAST GOVERNMENT STREET
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	1830 E. OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	LANGFORD, JAN
Address	1830 E. OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	CHAIRMAN
Name	PRICE, BOBBY
Address	1830 E. OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	SECRETARY
Name	PINSON, DARLENE
Address	1830 E. OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	OTHER
Name	LOLLAR, STAN
Address	1830 E. OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	PRINCIPE, JAMIE
Address	1830 E OLIVE RD
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	KELLY, CHARLES T
Address	1830 E OLIVE RD
City-State-Zip:	PENSACOLA FL 32514

Title	TREASURER
Name	LABRATO, RON
Address	1830 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: STAN LOLLAR**EXECUTIVE DIRECTOR****01/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORRIS, LARRY DR.
Address 1830 E OLIVE RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name NEWSOME, STEPHEN DR.
Address 1830 E. OLIVE ROAD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name CLAY, PATRICIA
Address 1830 E. OLIVE ROAD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name MILLER, RENEE
Address 1830 E. OLIVE ROAD
City-State-Zip: PENSACOLA FL 32514

Title VC
Name GANN, JARED
Address 1830 E. OLIVE ROAD
City-State-Zip: PENSACOLA FL 32514