

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009937

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**6786272218CC**

**Entity Name:** MT. OLIVE MISSIONARY BAPTIST CHURCH OF HOBE SOUND, INCORPORATED

**Current Principal Place of Business:**

12250 SE LANTANA AVENUE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

P.O. BOX 455  
HOBE SOUND, FL 33475 US

**FEI Number: 45-4618900**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACKSON, DORIS  
531 NW 10TH AVENUE  
BOYNTON BEACH, FL 33435 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 TRUSTEE  
Name WILLIE, WARD  
Address 428 NW 3RD AVE  
City-State-Zip: BOYNTON BEACH FL 33435

Title TRUSTEE  
Name GLOVER, DILSIA  
Address 8589 SE COMUS STREET  
City-State-Zip: HOBE SOUND FL 33455

Title TRUSTEE  
Name MILLER, ALFRED  
Address 8223 S.E. PETTWAY STREET  
PO BOX 8275  
City-State-Zip: HOBE SOUND FL 33455

*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: WILLIE WARD

TRUSTEE

02/26/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date