

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011818

**Entity Name:** MOUNT OLIVE HOUSE OF PRAYER CORPORATION

**Current Principal Place of Business:**

2262 CHAFFEE ROAD SOUTH  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

2262 CHAFFEE ROAD SOUTH  
JACKSONVILLE, FL 32221

**FEI Number:** 51-0585593

**Certificate of Status Desired:** No

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

DUCLOS, ELIFRANCE  
2262 CHAFFEE ROAD SOUTH  
JACKSONVILLE, FL 32221 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 PD  
Name DUCLOS, ELIFRANCE  
Address 2262 CHAFFEE ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32221

Title VD  
Name FRANCOIS, WESLEY  
Address 2558 SPRING POND LANE  
City-State-Zip: JACKSONVILLE FL 32221

Title SD  
Name DUCLOSE, MICHEE  
Address 2262 CHAFFEE ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32221

Title TD  
Name FRANCOIS, ENEGE  
Address 2558 SPRING POND LANE  
City-State-Zip: JACKSONVILLE FL 32221

*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:** ELIFRANCE DUCLOS

PD

04/03/2014

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

\_\_\_\_\_  
Date