

2015 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: DUCLOS , ELIFRANCE

PD

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date