

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005477

Entity Name: MOUNT OLIVE COMMUNITY OUTREACH CENTER, INC.**Current Principal Place of Business:**1290 A C EVANS ST
RIVIERA BCH, FL 33404**Current Mailing Address:**1290 A C EVANS STREET
RIVIERA BCH, FL 33404 US**FEI Number:** 65-0863442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALLOWAY, FREDDIE L
1581 W. 32ND ST.
RIVIERA BEACH, FL 33404 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	TD
Name	BUTLER, INEZ
Address	531 W. 28TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404
Title	SD
Name	YATES, JEANEL
Address	1000 PARKVIEW PLACE
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PD
Name	CALLOWAY, FREDDIE L
Address	1581 W. 32ND ST.
City-State-Zip:	RIVIERA BEACH FL 33404
Title	VPD
Name	MANSELLE, ELINOR
Address	1373 N. MANGONIA DR
City-State-Zip:	WEST PALM BEACH FL 33404

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: FREDDIE CALLOWAY

PD

04/22/2022

Electronic Signature of Signing Officer/Director Detail_____
Date