6337 S.W. 27 STREET MIRAMAR, FL 33023 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	E: MICHAEL HUTCHINSON			02/26/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	СР	Title	VP	
Name	AUSTIN, GABRIEL DR.	Name	AUSTIN, CATHERINE DR	
Address	155-56 116TH DRIVE	Address	155-56 116 TH DRIVE	
City-State-Zip:	JAMAICA NY 11434	City-State-Zip:	JAMAICA NY 11434	
Title	D	Title	D	
Name	FORDE, GALE DR	Name	HILL, JOAN DR	
Address	1494 E 96TH STREET	Address	238 ROCHESTER AVE	
City-State-Zip:	BROOKLYN NY 11236	City-State-Zip:	BROOKLYN NY 11213	
Title	ST			
Name	CUMBERBATCH, EUGENE			
Address	128-15 133RD AVE			

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: GABRIEL AUSTIN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/26/2019

# FILED Feb 26, 2019 Secretary of State 8881022104CC

Certificate of Status Desired: Yes

**Current Principal Place of Business:** 6337 S.W. 27 STREET MIRAMAR, FL 33023

## **Current Mailing Address:**

DOCUMENT# F09000003198

830 UTICA AVENUE BROOKLYN, NY 11203

### FEI Number: 61-1451888

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

HUTCHINSON, MICHAEL PASTOR 633 MI

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MOUNT OLIVE BIBLE INSTITUTE & SEMINARY, INC.

City-State-Zip: S OZONE PARK NY 11420

Date