

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 704106

1. Entity Name
MOUNT OLIVE BAPTIST CHURCH OF RIVIERA BEACH, INC.



Principal Place of Business
**3700 AVENUE
RIVIERA BEACH, FL 33404**

Mailing Address
**3700 AVENUE
RIVIERA BEACH, FL 33404**



02142008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-1457348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, JAMES G.
C/O MT. OLIVE BAPTIST CHURCH OF RIVIERA
3700 AVE
RIVIERA BEACH, FL 33404**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000934366
02/28/08-80050-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANDERS, LEODIS
217 PONCE DE LEON ST.
ROYAL PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCBRIDE, EARL N.
836 AVENUE "O"
RIVIERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, JAMES G.
5091 WILLOW POND RD. W.
W. PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FIELDS, ALFRED
3618 NORTH SHORE DRIVE
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Alfred J Fields Jr **Alfred J Fields Jr** 2/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #