

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704106

**FILED**  
**May 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3700 AVENUE  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

3700 AVENUE  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 59-1457348      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SANDERS, LEODIS  
Address: 217 PONCE DE LEON ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD  
Name: MCBRIDE, EARL N.  
Address: 836 AVENUE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: JONES, JAMES G.  
Address: 5091 WILLOW POND RD. W.  
City-St-Zip: W. PALM BEACH, FL 33417

Title: SD  
Name: FIELDS, ALFRED  
Address: 3618 NORTH SHORE DIRVE  
City-St-Zip: WEST PALM BEACH, FL 33407

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: JAMES G. JONES

D

05/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date