

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # 707750 (6)
1. Corporation Name

MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF PALMETT
O, FLORIDA, INC.

Principal Place of Business

518 23RD STREET, EAST
PALMETTO FL 34221

Mailing Address

507 21ST STREET EAST
PALMETTO FL 34221
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1964

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISSNER, GREGORY C.
537 10TH STREET, WEST
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME LOWERY, WILLIE
STREET ADDRESS 1724 17TH ST., W.
CITY-ST-ZIP PALMETTO FL

TITLE TD ☐ DELETE

NAME MONROE, WASH
STREET ADDRESS 518 23RD ST., EAST
CITY-ST-ZIP PALMETTO FL

TITLE SD ☐ DELETE

NAME WASHINGTON, EDGAR
STREET ADDRESS 515 20TH ST., EAST
CITY-ST-ZIP PALMETTO FL

TITLE PCD ☒ DELETE

NAME ROBERTS, WILL
STREET ADDRESS 333 10TH AVE., APT. 1
CITY-ST-ZIP PALMETTO FL

TITLE D ☐ DELETE

NAME ROBERTS, NELSON (DEACON)
STREET ADDRESS 504 17TH STREET
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Dea. Nathaniel Simmons~~ ☐ Change ☒ Addition

1.2 NAME Nathaniel Simmons
1.3 STREET ADDRESS 212 22ND ST. E.
1.4 CITY-ST-ZIP Palmetto, FL 34221

2.1 TITLE Dea. ☐ Change ☒ Addition

2.2 NAME Ricky Simmons
2.3 STREET ADDRESS 212 22ND ST. E.
2.4 CITY-ST-ZIP Palmetto, FL 34221

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Dea. Willie Lowery 9/14/97

9/18/97 (4/97)