FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

DEPARTMENT OF STATE — Secretary of State — DIVISION OF CORPORATIONS

98-99 AR

FILED
99 MAY 20 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707750

1. Corporation Name

MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF PALMETTO, FLORIDA, INC.

REINSTATEMENT 98-99

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified

4. FEI Number 65-0912541 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 507 21st Street East	26 507 21st ST. EAST
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27 ~~Palmetto, Fl.~~
City & State 23	City & State 28 Palmetto, Fl.
Zip 24 / Country 25	Zip 29 34221 / Country 30 Manatee

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

Missner Gregory C ~~Att~~
1111 3rd ave. w.
Bradenton, Fl.

10. Name and Address of New Registered Agent

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE SD Deacon/D; NAME NATANiel Simmons; STREET ADDRESS 212 22ND St. E.; CITY-ST-ZIP Palmetto Fla 34221 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ~~Deacon~~; NAME NATHaniel Simmons; STREET ADDRESS 22[illegible] ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition — 100002893031--0 -06/02/99--01084--002 ****122.50 ****122.50
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Deacon/D; NAME D Rickie L. Simmons; STREET ADDRESS 2317 5th ave. E.; CITY-ST-ZIP Bradenton, Fla. 34208 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE CD Deacon/D; NAME Willie J Lowery; STREET ADDRESS 1724 17th street East; CITY-ST-ZIP Palmetto, Fl. 34221 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE TD Deacon Nelson Roberts; NAME [illegible] Bennett [illegible]/D; CITY-ST-ZIP Sarasota 941 34234 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/97)

5/28/99

14. I 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: Dea Willie J Lowery — Chairman of Board — 8/23/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #