

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 711526	
1. Entity Name OLIVET BAPTIST CHURCH, INC., OCALA, FLORIDA	

Principal Place of Business 8495 S. MAGNOLIA AVENUE OCALA FL 34476 US	Mailing Address 8495 S. MAGNOLIA AVENUE OCALA FL 34476
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-2375566	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUHL, JAMES D JR 7530 SW 38TH AVE OCALA FL 34476	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

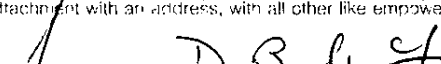
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P BUHL, JIMMY 7530 SW 38 AVE OCALA FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S ESCOBAR, KATHY 411 SE 82 PLACE OCALA FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T PARKER, DAVID 4391 SE 6 AVE OCALA FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D PHELPS, GARY JR 2805 SE 80TH STREET OCALA FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BATTEN, H.C. 10980 SW 27TH AVE. OCALA FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D RICHARDS, BRADLEY 12945 SW 8TH AVENUE OCALA FL 34473	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000811655 02/12/08-80016-001 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	1-32-08
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