

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 755376 (1)

1. Corporation Name

MOUNT OLIVE FREE WILL BAPTIST CHURCH, INC.



Principal Place of Business

1450 E GAY ST  
1308 SCOTT CIRCLE  
BARTOW FL 33830  
US

Mailing Address

MT OLIVE FREEWILL BAPTIST CHURCH INC  
P O BOX 864  
BARTOW FL 33805  
US

3. Date Incorporated or Qualified

12/03/1980

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2570555

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, FELICIA  
1308 SCOTT CIRCLE  
LAKELAND FL 33805

81

Name

Catherine Rudolph

82

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

6215 Jubilee Lane

83

84

City

Lakeland

FL

85

Zip Code

33813

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

Catherine Rudolph

3-29-96

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	P	<input type="checkbox"/> DELETE
NAME	FARLEY, ANDREW	
STREET ADDRESS	2180 E. GIBBONS ST.	
CITY - ST - ZIP	BARTOW FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, FELICIA	
STREET ADDRESS	1308 SCOTT CIRCLE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, JOHN	
STREET ADDRESS	1308 SCOTT CIR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, EDGAR	
STREET ADDRESS	1680 HOOKER ST.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMS, RICHARD	
STREET ADDRESS	930 CARVER AVENUE	
CITY - ST - ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Secretary
23 STREET ADDRESS	Catherine Rudolph
24 CITY - ST - ZIP	6215 Jubilee Ln
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Elmer Dixon
33 STREET ADDRESS	Ninth Ave.
34 CITY - ST - ZIP	BARTOW FL 33830
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600001912418
53 STREET ADDRESS	-08/05/96--01032--029
54 CITY - ST - ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Catherine Rudolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

Date

Daytime Phone: #

CR2E037 (12/95)