

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **755376** (1)
1. Corporation Name

MOUNT OLIVE FREE WILL BAPTIST CHURCH, INC.



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| Principal Place of Business 1450 E GAY ST 1308 SCOTT CIRCLE BARTOW FL 33830 US | Mailing Address MT OLIVE FREEWILL BAPTIST CHURCH INC PO BOX 664 BARTOW FL 33805 US |
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| 2. Principal Place of Business 21 1450 E GAY ST Suite, Apt. #, etc. | 2a. Mailing Address 28 Suite, Apt. #, etc. |
| 22 City & State 23 Bartow, FL | 27 City & State |
| 24 Zip 33830 | 25 Country US |
| 26 | 29 Country 30 |

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| 3. Date Incorporated or Qualified 12/03/1980 | |
| 4. FEI Number 59-2570555 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent RUDOLPH, CATHERINE 6215 JUBILEE LANE LAKELAND FL 33813 | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 85 | Zip Code |

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| 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARLEY, ANDREW 2190 E. GIBBONS ST. BARTOW FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUDOLPH, CATHERINE 6215 JUBILEE LN. LAKELAND FL 33813 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIXON, ELMER NINETH AVE. BARTOW FL 33830 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMS, RICHARD 930 CARVER AVENUE BARTOW FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Catherine Rudolph* *Rudolph* *Catherine Rudolph* 03/02/98 (941)534-4138

CR2E037 (10/97)