

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90076 028 ****61.25

DOCUMENT # 755376

1. Corporation Name

MOUNT OLIVE FREE WILL BAPTIST CHURCH, INC.

412999-90076-28

Principal Place of Business

1450 E GAY ST
BARTOW FL 33830
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33831 30

3. Date Incorporated or Qualified

12/03/1980

4. FEI Number

59-2570555

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RUDOLPH, CATHERINE
6215 JUBILEE LANE
LAKELAND FL 33813

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

TITLE D
NAME FARLEY, ANDREW
STREET ADDRESS 2190 E. GIBBONS ST.
CITY-ST-ZIP BARTOW FL

TITLE S
NAME RUDOLPH, CATHERINE
STREET ADDRESS 6215 JUBILEE LN.
CITY-ST-ZIP LAKELAND FL 33813

TITLE T
NAME DIXON, ELMER
STREET ADDRESS NINETH AVE.
CITY-ST-ZIP BARTOW FL 33830

TITLE D
NAME SAMS, RICHARD
STREET ADDRESS 930 CARVER AVENUE
CITY-ST-ZIP BARTOW FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME Verdel Taylor
4.3 STREET ADDRESS 930 Tee Circle West
4.4 CITY-ST-ZIP Bartow, FL 33830

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Catherine Rudolph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99 (941) 534-4138

CR2E037 (1/98)