

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755376

1. Entity Name

MOUNT OLIVE FREE WILL BAPTIST CHURCH, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90163 031 ****61.25

Principal Place of Business	Mailing Address
1450 E GAY ST BARTOW FL 33830 US	MT OLIVE FREEWILL BAPTIST CHURCH INC PO BOX 864 BARTOW FL 33831-0864 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2570555	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDOLPH, CATHERINE
6215 JUBILEE LANE
LAKELAND FL 33813

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FARLEY, ANDREW</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2190 E. GIBBONS ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BARTOW FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	FARLEY, ANDREW		STREET ADDRESS	2190 E. GIBBONS ST.		CITY-ST-ZIP	BARTOW FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	FARLEY, ANDREW																								
STREET ADDRESS	2190 E. GIBBONS ST.																								
CITY-ST-ZIP	BARTOW FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RUDOLPH, CATHERINE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6215 JUBILEE LN.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKELAND FL 33813</td><td></td></tr></table>	TITLE	S	<input type="checkbox"/> Delete	NAME	RUDOLPH, CATHERINE		STREET ADDRESS	6215 JUBILEE LN.		CITY-ST-ZIP	LAKELAND FL 33813		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																							
NAME	RUDOLPH, CATHERINE																								
STREET ADDRESS	6215 JUBILEE LN.																								
CITY-ST-ZIP	LAKELAND FL 33813																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DIXON, ELMER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>NINETH AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BARTOW FL 33830</td><td></td></tr></table>	TITLE	T	<input type="checkbox"/> Delete	NAME	DIXON, ELMER		STREET ADDRESS	NINETH AVE.		CITY-ST-ZIP	BARTOW FL 33830		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																							
NAME	DIXON, ELMER																								
STREET ADDRESS	NINETH AVE.																								
CITY-ST-ZIP	BARTOW FL 33830																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SAMS, RICHARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>930 CARVER AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BARTOW FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SAMS, RICHARD		STREET ADDRESS	930 CARVER AVENUE		CITY-ST-ZIP	BARTOW FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SAMS, RICHARD																								
STREET ADDRESS	930 CARVER AVENUE																								
CITY-ST-ZIP	BARTOW FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TAYLOR, VERDELL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>930 TEE CIRCLE WEST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BARTOW FL 33830</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	TAYLOR, VERDELL		STREET ADDRESS	930 TEE CIRCLE WEST		CITY-ST-ZIP	BARTOW FL 33830		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TAYLOR, VERDELL																								
STREET ADDRESS	930 TEE CIRCLE WEST																								
CITY-ST-ZIP	BARTOW FL 33830																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

12. 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 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.

SIGNATURE: Catherine Rudolph Feb 20, 2000 (862) 647-3356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)