

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

DOCUMENT # 771090

1. Entity Name

**MT. OLIVETTE FREEWILL BAPTIST CHURCH
INCORPORATED**



Principal Place of Business

**4290 NW 17 AVE.
MIAMI FL 33142**

Mailing Address

**P.O. BOX 421345
MIAMI FL 33242-1345
US**

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 (10/06)

4. FEI Number

59-6534483

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, KATIE L.
3128 N.W. 65TH ST.
MIAMI FL 33147**

Name

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

City

FL

Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MOSS, ALEXANDER, KATHY**
CITY-ST-ZIP **4745 NW 32ND AVENUE
MIAMI FL 33142**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **WRIGHT, K L**
CITY-ST-ZIP **3128 NW 65 ST
MIAMI FL 33147**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ALEXANDER, STACY R**
CITY-ST-ZIP **3120 NW 67TH ST
MIAMI FL 33147**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **RAGINS, NANCY**
CITY-ST-ZIP **2110 NW 82ND ST
MIAMI FL 33147**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WRIGHT, KATIE L.**
CITY-ST-ZIP **3128 N.W. 65TH ST.
MIAMI FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Katie Lee Wright / KATIE LEE WRIGHT** **4/24/07** **305 323 9768**