2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 771090

Entity Name: MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

4290 NW 17 AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421345
MIAMI, FL 332421345 US

New Mailing Address:

FEI Number: 59-6534483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	MOSS, ALEXANDER, KATHY	
Address:	4745 NW 32ND AVENUE	
City-St-Zip:	MIAMI, FL 33142	
Title:	VD	( ) Delete
Name:	WRIGHT, K L	
Address:	3128 NW 65 ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	SD	( ) Delete
Name:	ALEXANDER, STACY R	
Address:	4745 NW 32 AVE	
City-St-Zip:	MIAMI, FL 33142	
Title:	TD	( ) Delete
Name:	RAGINS, NANCY	
Address:	2110 NW 82ND ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	PD	( ) Delete
Name:	WRIGHT, KATIE L.	
Address:	3128 N.W. 65TH ST.	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	ALEXANDER, KATHY D	
Address:	4745 NW 32ND AVENUE	
City-St-Zip:	MIAMI, FL 33142	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE L. WRIGHT PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date