

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90012 043 \*\*\*\*70.00

60013532



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number **22-2321231** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DOCUMENT # F93000003771**  
1. Entity Name  
**MISSION OF MT. OLIVES CHURCH OF GOD, INC.**



Principal Place of Business  
**24 CLEVELAND ST.  
ORANGE, NJ 07050**

Mailing Address  
**24 CLEVELAND ST.  
ORANGE, NJ 07050**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**SMITH SOIRO, JEAN REV.  
207 SOUTH SEQUOIA DR.  
WEST PALM BEACH, FL 33407**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC REJOUIS, CHARLES REV 12 DEVONSHIRE TERRACE WEST ORANGE, NJ 07052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST VICTOR, TESTAR 84 ELLINGTON ST EAST ORANGE, NJ 07017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURORE, JEAN O. REV 11110 NW 6TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH SOIRO, JEAN REV. 207 SOUTH SEQUOIA WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONHEUR, JEAN L 257 INDIANA ST UNION, NJ 07083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFRESNE, ELIE REV. 310 ROOSEVELT BLVD. PHILADELPHIA, PA 19120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Charles Rejois* **2-1-07 973-672-3310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**ATTACHMENT**  
60013532  
**Division of Corporations**

**2007 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.**

This information cannot be changed on the report.	
Document Number	F93000003771
Business Entity Name	MISSION OF MT. OLIVES CHURCH OF GOD, INC.
Original File Date	08/17/1993

FEI Number      22-2321231

Principal Address    24 CLEVELAND ST.  
                                 ORANGE, NJ 07050

Mailing Address    24 CLEVELAND ST.  
                                 ORANGE, NJ 07050

Registered Agent    REV. JEAN SMITH SOIRO  
                                 207 SOUTH SEQUOIA DR.  
                                 WEST PALM BEACH, FL 33407 US

**Officer/Director Name And Address**

TC  
REV CHARLES REJOUIS  
12 DEVONSHIRE TERRACE  
WEST ORANGE, NJ 07052

P  
TESTAR ST VICTOR  
84 ELLINGTON ST  
EAST ORANGE, NJ 07017

D  
JEAN O. REV LAURORE  
11110 NW 6TH AVE  
MIAMI, FL 33168

VP  
REV. JEAN SMITH SOIRO  
207 SOUTH SEQUOIA  
WEST PALM BEACH, FL 33409

S

JEAN L BONHEUR  
257 INDIANA ST  
UNION, NJ 07083

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D  
REV. ELIE DUFRESNE  
310 ROOSEVELT BLVD.  
PHILADELPHIA, PA 19120

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select:

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**ATTACHMENT**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**F93000003771**

Business Entity Name

**MISSION OF MT. OLIVES CHURCH OF GOD, INC.**

FEI Number **222321231**

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☒ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address **24 CLEVELAND ST.**

Suite, Apt. #, etc.

City, State **ORANGE**, NJ

Zip Code & Country **07050**

**Mailing Address**

Address **24 CLEVELAND ST.**

Suite, Apt. #, etc.

City, State **ORANGE**, NJ

Zip Code & Country **07050**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) **SMITH SOIRO**, **JEAN**, **REV.**

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **207 SOUTH SEQUOIA DR.**

Suite, Apt. #, etc.

City, State **WEST PALM BEACH**, FL

Zip Code & Country **33407** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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# F93000003771

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	TC
Name (Last, First, Middle, Title)	REJOUIS, CHARLES, REV

- OR -

Entity Name to serve as  
Officer/Director

Street Address	12 DEVONSHIRE TERRACE
City, State	WEST ORANGE, NJ
Zip Code & Country	07052

Title	P
Name (Last, First, Middle, Title)	ST VICTOR, TESTAR,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	84 ELLINGTON ST
City, State	EAST ORANGE, NJ
Zip Code & Country	07017

Title	D
Name (Last, First, Middle, Title)	LAUORE, JEAN O. REV,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	11110 NW 6TH AVE
City, State	MIAMI, FL
Zip Code & Country	33168

Title	VP
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#F93000003771

Name (Last, First, Middle, Title)

SMITH SOIRO

, JEAN

, REV.

- OR -

Entity Name to serve as  
Officer/Director

Street Address

207 SOUTH SEQUOIA

City, State

WEST PALM BEACH

, FL

Zip Code &amp; Country

33409

Title

S

Name (Last, First, Middle, Title)

BONHEUR

, JEAN

, L

- OR -

Entity Name to serve as  
Officer/Director

Street Address

257 INDIANA ST

City, State

UNION

, NJ

Zip Code &amp; Country

07083

Title

D

Name (Last, First, Middle, Title)

DUFRESNE

, ELIE

, REV.

- OR -

Entity Name to serve as  
Officer/Director

Street Address

310 ROOSEVELT BLVD.

City, State

PHILADELPHIA

, PA

Zip Code &amp; Country

19120

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TC

Officer/Director Signature

*Pastor Charles Rejoice*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.