

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001544

FILED
Aug 10, 2006
Secretary of State

Entity Name: MT. OLIVE HISTORIC RESTORATION SOCIETY, INC.

Current Principal Place of Business:

STATE ROAD 107 SOUTH
NASSAUVILLE, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2
YULEE, FL 32097

New Mailing Address:

FEI Number: 58-2308977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JEFFERSON, WILLIAM
2653 LOWELL AVE.
JACKSONVILLE, FL 32254 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: PD () Delete
Name: JEFFERSON, WILLIAM
Address: 2653 LOWELL AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: FSD () Delete
Name: RHODES BLUNT, LUELLA
Address: 5301 KESSINGTON DRIVE
City-St-Zip: COLUMBUS, GA 31907

Title: TD () Delete
Name: RHODES, LAURA
Address: 640 YANIC RD
City-St-Zip: YULEE, FL 32097

Title: ATD () Delete
Name: HOOPER-AUTRY, LESSIE
Address: 1044 BRETHER ST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM JEFFERSON

PD

08/10/2006

Electronic Signature of Signing Officer or Director

Date