

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90532 035 \*\*\*\*70.00

|   |  |  |  |   |                                      |
|---|--|--|--|---|--------------------------------------|
| <b>DOCUMENT # N00000006639</b><br>1. Entity Name<br><b>MT. OLIVE CHURCH OF APOSTOLIC FAITH, INC.</b>  |  |  |  |   |                                      |
| Principal Place of Business<br><b>500 E OAKWOOD STREET<br/>TARPON SPRINGS, FL 34689</b>   |  |  | Mailing Address<br><b>P.O. BOX 1735<br/>TARPON SPRINGS, FL 34688</b> |   |                                      |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |  |   |                                      |
| City & State  |  | City & State   |  | 4. FEI Number<br><b>59-2967406</b>  |                                      |
| Zip   |  | Country  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVIS, MICHAEL W<br/>10229 57TH WAY N<br/>PINELLAS PARK, FL 33782</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |  |  |  |   |                                      |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |                                      |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |  |  |   |                                      |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>AUSTIN, CHRISTIAN<br>518 S OAKWOOD ST.<br>TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>DAVIS, DAWN E<br>10229 57TH WAY N<br>PINELLAS PARK, FL 33782       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>KUCUREK, TIMOTHY<br>521 S LEVIS AVE<br>TARPON SPRINGS, FL 34689    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DAVIS, MICHAEL W<br>10229 57TH WAY N<br>PINELLAS PARK, FL 33782    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |  |   |                                      |
| <b>SIGNATURE:</b> <u>Michael W Davis</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date: <u>4/22/04</u>   |   | Daytime Phone #: <u>727-541-1853</u> |