

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006639

FILED  
Mar 06, 2006  
Secretary of State

**Entity Name:** MOUNT OLIVE MINISTRIES OF TARPON SPRINGS INC

**Current Principal Place of Business:**

500 E OAKWOOD STREET  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1735  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 59-2967406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, MICHAEL W  
10229 57TH WAY N  
PINELLAS PARK, FL 33782 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: DAVIS, DAWN E  
Address: 10229 57TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD ( ) Delete  
Name: KUCUREK, TIMOTHY  
Address: 521 S LEVIS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: DAVIS, MICHAEL W  
Address: 10229 57TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33782

**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:

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: MICHAEL W DAVIS

PD

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date