

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90266 029 ****61.25

DOCUMENT # N00000006639

1. Entity Name

MT. OLIVE CHURCH OF APOSTOLIC FAITH, INC.



Principal Place of Business

**500 E OAKWOOD STREET
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 1054 PO BOX 1735
TARPON SPRINGS FL 34688**

2. Principal Place of Business

3. Mailing Address

PO BOX 1735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS

Zip

Country

Zip

34688

Country

FLORIDA

4. FEI Number **59-2967406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EMERSON, WILLIAM R
521 SO. LEVIS AVENUE
P.O. BOX 1054
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

MICHAEL W. DAVIS

Street Address (P.O. Box Number is Not Acceptable)

10229 57th WAY N

City

PINELLAS PARK

FL

Zip Code

33782

8. The undersigned 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 conditions of registered agent.

SIGNATURE

Michael W. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

FILE NOW: FEE IS \$61.25

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

TITLE **SD** ☐ Delete
NAME **AUSTIN, CHRISTIAN**
STREET ADDRESS **518 S OAKWOOD ST**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **PD** ☒ Delete
NAME **EMERSON, WILLIAM R**
STREET ADDRESS **521 S LEVIS AVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **TD** ☐ Delete
NAME **KUCUREK, TIMOTHY**
STREET ADDRESS **521 S LEVIS AVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **MICHAEL W DAVIS**
STREET ADDRESS **10229 57th WAY N**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VD** ☐ Change ☒ Addition
NAME **DAWN E DAVIS**
STREET ADDRESS **10229 57th WAY N**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

MICHAEL W. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

541-1858

Date

Daytime Phone #

CR2E037 (10/02)