2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # N01000002700  1. Entity Name  THE MOUNT OF INC. INC.				FILE	ED		
THE MOUNT OLIVE HOLINESS CHURCH, INC.				7 _ 07 Mar −7	PM 1:30		
Principal Plac	ce of Business	Mailing Address	,				
PO BOX 58 TALLAHAS	71 SEE FL 32310	PO BOX 5871 TALLAHASSEE FL 32310	0	SECLETARY (	FLORIDA MANAGERA		
2. Principal Place of Business - No P.O. Box # 1		3. Mailing Address P.D. Box 5871			<u>i i i i i i i i i i i i i i i i i i i </u>		
Suite, Apt. #, etc. TA/IAhassee/FL		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)			
City & Stat	(c /	City & State   IANA	ssee, FL	4. FEI Number		oplied For ot Applicable	
Zip 3 d	305 Country USA	32310	Country	5. Certificate of Status	s Desired		
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Addres	s of New Registered Agent		
\ FF 141456 14							
20 PAYNE ST			Sirect Addres	Street Address (P.O. Box Number is Not Acceptable)			
CRAWFORDVILLE FL 32327							
			City	FL Zip Code			
8. The above the obligation	e named entity submits this statement for tions of rogistored agent.	the purpose of changing its req	gistered office or regis				
100092305679 300092305679 03/13/0701006026 **61.25							
SIGNATURE	Signalue typed or printed name of registered agent at	to title if anphosible. (NOTE Re	egistered Agent signature regis		DATE . 01000 050 ***01	25	
<u>'</u>							
FILE NOW: FEE IS \$61.25  Due By May 1, 2007  9. Election Campaign Trust Fund Contribu			· -	<b>\$5.00</b> May Be Added to Fees	Make Check Payable Florida Department of S		
10. OFFICERS AND DIRECTORS 11.			11		TO OFFICERS AND DIRECTORS IN		
010	D			ADDITIONS/CHANGES		J 10	
NAMI		☐ Delete	IME	ADDITIONS/CHANGES	☐ Change	N 10 ☐ Addition	
	LEE, JAMES M	☐ Delete	IIIIE NAMi	ADDITIONS/CHANGES	<del></del>		
SIGHTI ADDRESS CHY SI-ZIP	LEE, JAMES M 20 PAYNE ST. CRAWFORDVILLE FL 32327	☐ Delete	IME	ADDITIONS; CHANGES	<del></del>		
STOLUT ADDRESS CHY SI-ZIP	20 PAYNE ST. CRAWFORDVILLE FL 32327 D	☐ Delete	HITE NAME SIRIETADDELSS CITY ST 7IP	ADDITIONS; CHANGES	<del></del>		
SIBILIT ADDRESS CHY SI-ZIP	20 PAYNE ST. CRAWFORDVILLE FL 32327 D LEE, EDDIE J		HITE NAME SIRIETADDRESS CITY ST 7IP HITE NAME	ADDITIONS; CHANGES	☐ Change	Addition	
SIGHT ADDRESS CHY ST-7IP HITH NAME	20 PAYNE ST. CRAWFORDVILLE FL 32327 D		HITE NAME SIRIETADDELSS CITY ST 7IP	ADDITIONS; CHANGES	☐ Change	Addition	
SHELLT ADDRESS CHY SI-ZIP HITH NAME SHRIFF ADDRESS CHY ST ZIP	20 PAYNE ST. CRAWFORDVILLE FL 32327  D LEE, EDDIE J 20 PAYNE ST. CRAWFORDVILLE FL 32327  D		THE NAME STREET ADDRESS CITY STOTIP THE NAME STREET ADDRESS CITY STOTIP THE NAME STREET ADDRESS CITY STOTIP	ADDITIONS; CHANGES	☐ Change	Addition	
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SHELLT ADDRESS CHY SI-ZIP HITH NAMI SHRIFF ADDRESS CHY SI-ZIP HITH NAME	20 PAYNE ST. CRAWFORDVILLE FL 32327  D LEE, EDDIE J 20 PAYNE ST. CRAWFORDVILLE FL 32327  D	☐ Delete	HITE NAMI STREETADDRESS CITY ST ZIP  HITE NAMI STREETADDRESS CITY ST ZIP  HITT NAMI	ADDITIONS; CHANGES	☐ Change	☐ Addition	
SIGHT ADDRESS CHY SI-ZIP HITH NAME SIRIH FADDRESS CHY SI-ZIP HITH NAME SIRIH ADDRESS CHY SI-ZIP LITH NAME SIRIH ADDRESS CHY SI-ZIP LITH HITH HITH HITH HITH HITH HITH HITH	20 PAYNE ST. CRAWFORDVILLE FL 32327  D LEE, EDDIE J 20 PAYNE ST. CRAWFORDVILLE FL 32327  D STOKES, WINNIFRED 215 FLEETWOOD ST., LOT #8 TALLAHASSEE FL 32305 P	☐ Delete	THE NAME SIRELADDRESS CITY ST ZIP THE NAME SIRELADDRESS CITY ST ZIP THE NAME SIRELADDRESS CITY ST ZIP THE NAME STREET ADDRESS CITY ST ZIP THE NAME STREET ADDRESS CITY ST ZIP	ADDITIONS, CHANGES	☐ Change	☐ Addition	
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indicated on this roport or supplemental roport 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:(

CONTROL M. JULY

GNATURE AND TYPED OR PROTECTION AME OF SIGNING OFFICER OR DIRECTOR

Date

Doubles & Phone #