

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002700

FILED
Jun 16, 2009
Secretary of State

Entity Name: THE MOUNT OLIVE HOLINESS CHURCH, INC.

Current Principal Place of Business:

2000 OAKRIDGE ROAD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5871
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 03-0392917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

LEE, JAMES M
20 PAYNE ST
CRAWFORDVILLE, FL 32327 US

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: D () Delete
Name: LEE, JAMES M
Address: 20 PAYNE ST.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: LEE, EDDIE J
Address: 20 PAYNE ST.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: STOKES, WINNIFRED
Address: 215 FLEETWOOD ST., LOT #8
City-St-Zip: TALLAHASSEE, FL 32305

Title: P () Delete
Name: ALEXANDER, WESLEY PASTOR
Address: 2408 ALMOND DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: ALEXANDER, DOROTHY
Address: 2346 LA RUE COURT
City-St-Zip: TALLAHASSEE, FL 32303

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M LEE

D

06/16/2009

Electronic Signature of Signing Officer or Director

Date