


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000652 1. Entity Name MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF DELAND, INC.		
Principal Place of Business 335 S. KENTUCKY AVE. DELAND, FL 32724	Mailing Address PO BOX 1343 DELAND, FL 32721-1343	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCMILLON, JOHN H 325 S. CAROLINE ST. DAYTONA BEACH, FL 32114		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON, HATTIE M 735 E. CAROLINA AVE. DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CYNTHIA 210 S. BOSTON AVE. DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINSLEY, NAOMI 630 S. DELAWARE AVE. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, PATRICIA H 612 S. DELAWARE AVE. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: HATTIE H. GIBSON Hattie H. Gibson 1-9-06 386-734-2957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 38-3641742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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