

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 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**



01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3641742**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/07-80044-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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 Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HATTIE GIBSON

Date

1-15-07

Daytime Phone #