


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 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



01152008 No Chg-NP CR2E037 (4/06)

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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000791501 01/23/08-80078-005 61.25
-----------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

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	

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 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: <u>Hattie Gibson</u> HATTIE GIBSON <u>16 JAN 08</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		