


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 MAR 17 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000002063</b> 1. Entity Name <b>MOUNT OLIVES CHURCH OF GOD WORLD MINISTRIES OF PALM BEACH COUNTY INC.</b>	
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Principal Place of Business <b>412 23RD STREET WEST PALM BEACH, FL 33409</b>	Mailing Address <b>P.O. BOX 8427 WEST PALM BEACH, FL 33407 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02252008 Chg-NP CR2E037 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>68-0543938</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> SOIRO, JEAN S 412 23RD STREET WEST PALM BEACH, FL 33409	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME SOIRO, JEAN S	TITLE DS	NAME PIERRE PAUL, JEAN COPINCE
	STREET ADDRESS 207 S. SEQUOIA DR		STREET ADDRESS 412 23rd Street
	CITY-ST-ZIP WEST PALM BEACH, FL 33309		CITY-ST-ZIP WEST PALM BEACH, FL 33407
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME PIERRE PAUL, JEAN COPINGE	TITLE DT	NAME PIERREVEIL, EDNER
	STREET ADDRESS 412 23RD STREET		STREET ADDRESS 412 23RD STREET
	CITY-ST-ZIP WEST PALM BEACH, FL 33407		CITY-ST-ZIP WEST PALM BEACH, FL 33407
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME PHILISTIN, LUCARNE J	TITLE DP	NAME DENEUS, ROBERT
	STREET ADDRESS 412 23RD STREET		STREET ADDRESS 412 23RD STRET
	CITY-ST-ZIP WEST PALM BEACH, FL 33407		CITY-ST-ZIP WEST PALM BEACH, FL 33407
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME CHARLES, LIFAITE	TITLE	NAME
	STREET ADDRESS 207 S. SEQUOIA DR		STREET ADDRESS
	CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: 03-21/08 Daytime Phone: \_\_\_\_\_

3/19/08