

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002705

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** MOUNT OLIVE PROGRAMS OF INSTRUCTION, INC.

**Current Principal Place of Business:**

311 NORTH EIGHTH ST.  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

311 NORTH EIGHTH ST.  
FT. PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 42-1591437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLER, RODERICK J  
800 VIRGINIA AVE., STE. 36  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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: WALLER, RODERICK J  
Address: 800 VIRGINIA AVE., STE. 36  
City-St-Zip: FT. PIERCE, FL 34982

Title: D ( ) Delete  
Name: EDWARDS, JAMES A  
Address: 1900 VALENCIA AVE.  
City-St-Zip: FT. PIERCE, FL 34950

Title: D ( ) Delete  
Name: COLEMAN, HOWARD D REV.  
Address: 800 AVE. C  
City-St-Zip: FT. PIERCE, FL 34950

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RODERICK J WALLER

SEC

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date