


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000002705**  
1. Entity Name  
**MOUNT OLIVE PROGRAMS OF INSTRUCTION, INC.**



Principal Place of Business: **311 NORTH EIGHTH ST. FT. PIERCE, FL 34950**  
Mailing Address: **311 NORTH EIGHTH ST. FT. PIERCE, FL 34950**



**DO NOT WRITE IN THIS SPACE**

04212005 No Chg-NP CR2E037 (10/03)  
4. FEI Number **42-1591437** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALLER, RODERICK J  
800 VIRGINIA AVE., STE. 36  
FT. PIERCE, FL 34982**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLER, RODERICK J
STREET ADDRESS	800 VIRGINIA AVE., STE. 36
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	D
NAME	EDWARDS, JAMES A
STREET ADDRESS	1900 VALENCIA AVE.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	COLEMAN, HOWARD D REV.
STREET ADDRESS	800 AVE. C
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000341240  
04/29/05-80007-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roderick J Waller 4/22/05 772-5956133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #