

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002705

FILED
Jul 23, 2006
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D (X) Change () Addition
Name: HARRY, WILLIAMS
Address: 800 VIRGINIA AVE., STE 36
City-St-Zip: FT. PIERCE, FL 34982

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 Chapter 119, 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 WALLER

DIR

07/23/2006

Electronic Signature of Signing Officer or Director

Date