


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90158 019 \*\*\*\*61.25

<b>DOCUMENT # N03000003888</b>		
1. Entity Name MT. OLIVE BAPTIST CHURCH, INC.		

Principal Place of Business 8250 CR 13 SOUTH HASTINGS, FL 32145	Mailing Address P.O. BOX 355 HASTINGS, FL 32145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number 76-0738052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  REGISTER, WILLIAM E 430 S. DANCY ST. HASTINGS, FL 32145
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MCCULLAR, CHARLES P
STREET ADDRESS	8250 CR 13 SOUTH
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	D <input type="checkbox"/> Delete
NAME	REGISTER, WILLIAM E
STREET ADDRESS	8250 CR 13 SOUTH
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, H. WESLEY
STREET ADDRESS	8250 CR 13 SOUTH
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	D <input type="checkbox"/> Delete
NAME	Clyde M. Barnes
STREET ADDRESS	8250 CR 13 South
CITY-ST-ZIP	Hastings, FL 32145
TITLE	D <input type="checkbox"/> Delete
NAME	Dale L. Barnes
STREET ADDRESS	8250 CR 13 South
CITY-ST-ZIP	Hastings, FL 32145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *William E. Register*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-15-08* *904-692-3918*  
Date Daytime Phone #