

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008199

1. Entity Name
OLIVET MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**541 DAVIS STREET NE
LAKE CITY, FL 32055 US**

Mailing Address

**POST OFFICE BOX 537
LAKE CITY, FL 32056 US**



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2895280

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, OZELL
1085 NW BROUGHN STREET
LAKE CITY, FL 32055**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-08

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GRAHAM, OZELL
ROUTE 1, BOX 287-P
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLES, WILLARD
RR 6, BOX 456 B-1
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, JAMES O
RR 7, BOX 638
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HENRY, EDMUND JR.
POST OFFICE BOX 485
LAKE CITY, FL 32056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENKINS, VERNIA
RR 8, BOX 399
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WALTERS, RONALD V
541 NE DAVIS STREET
LAKE CITY, FL 32055**

U00000828290
02/25/08-80006-010 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-08 386-755-1937