

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008199

FILED
Apr 13, 2009
Secretary of State

Entity Name: OLIVET MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

541 DAVIS STREET NE
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 537
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 56-2895280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, OZELL
1085 NW BROUGHN STREET
LAKE CITY, FL 32055 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: VPD () Delete
Name: GRAHAM, OZELL
Address: ROUTE 1, BOX 287-P
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Delete
Name: COLES, WILLARD
Address: RR 6, BOX 456 B-1
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Delete
Name: HARRIS, JAMES O
Address: RR 7, BOX 638
City-St-Zip: LAKE CITY, FL 32055 US

Title: TD () Delete
Name: HENRY, EDMUND JR.
Address: POST OFFICE BOX 485
City-St-Zip: LAKE CITY, FL 32056 US

Title: D () Delete
Name: JENKINS, VERNIA
Address: RR 8, BOX 399
City-St-Zip: LAKE CITY, FL 32055 US

Title: P () Delete
Name: WALTERS, RONALD V
Address: 541 NE DAVIS STREET
City-St-Zip: LAKE CITY, FL 32055

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:

Title: () Change () Addition
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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 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: TIA BARRINGTON

FS

04/13/2009

Electronic Signature of Signing Officer or Director

Date