

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010347

FILED
Mar 14, 2009
Secretary of State

Entity Name: MOUNT OLIVE BAPTIST CHURCH OF BASCOM, FLORIDA, INCORPORATED

Current Principal Place of Business:

6045 HIGHWAY 2
BASCOM, FL 32423 US

New Principal Place of Business:

Current Mailing Address:

6045 HIGHWAY 2
BASCOM, FL 32423 US

New Mailing Address:

FEI Number: 59-3361783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENS, CHARLES
6045 HIGHWAY 2
BASCOM, FL 32423 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: D () Delete
Name: MCARTHUR, JIMMY R
Address: 5574 HIGHWAY 2
City-St-Zip: BASCOM, FL 32423

Title: D () Delete
Name: BRADBERRY, JOE
Address: 5631 DOZIER ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: D () Delete
Name: STEPHENS, CHARLES
Address: 6173 BISCAYNE ROAD
City-St-Zip: BASCOM, FL 32423

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:

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: CHARLES STEPHENS

D

03/14/2009

Electronic Signature of Signing Officer or Director

Date