2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008508

FILED May 29, 2009 Secretary of State

Entity Name: MONT DES OLIVIERS BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2796 RECKER HWY 901 15TH STREET SW WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** 2796 RECKER HWY 901 15TH STREET SW WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 FEI Number: 20-2993075 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: CHERY, JEAN P 901 15TH STREET SW WINTER HAVEN, FL 33880 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHERY, JEAN P Name: Name: Address: 901 15TH STREET SW Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHERY, ELIANE Name: Address: 901 15TH STREET SW Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: () Delete Title: () Change () Addition BRICE, VENNANTE Name: Name: 1495 10TH STREET NE Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAMAIR, THOMAS Name: 2796 ROCKER HWY Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 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: JEAN P CHERY P 05/29/2009