

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 001 ****61.25

DOCUMENT # N05000009124

1. Entity Name
**MOUNT OLIVE-TAMPA COMMUNITY DEVELOPMENT
INC.**



Principal Place of Business
**1745 WEST LASALLE STREET
TAMPA, FL 33607**

Mailing Address
**1745 WEST LASALLE STREET
TAMPA, FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number

03-0581649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIVINS, JAMES C REV.
1745 WEST LASALLE STREET
TAMPA, FL 33607**

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, 2006**

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	GIVINS, JAMES C REV.	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, PAULETTE DR.	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, DAYLE	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, DONNA	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAGGER, PHILDRA DR.	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, SHAUNA	
STREET ADDRESS	1745 WEST LASALLE STREET	
CITY-ST-ZIP	TAMPA, FL 33607	

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	
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: REV. JAMES C. GIVINS

APRIL 6, 2006

813-254-5045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #