

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# N05000009124

Entity Name: MOUNT OLIVE-TAMPA COMMUNITY DEVELOPMENT INC.

**Current Principal Place of Business:**

1745 WEST LASALLE STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1745 WEST LASALLE STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 03-0581649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIVINS, JAMES C REV.  
1745 WEST LASALLE STREET  
TAMPA, FL 33607      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: GIVINS, JAMES C REV.  
Address: 1745 WEST LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: WALKER, PAULETTE DR.  
Address: 1745 WEST LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: GREENE, DAYLE  
Address: 1745 WEST LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: HARDY, DONNA  
Address: 1745 WET LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: SWAGGER, PHILDRA DR.  
Address: 1745 WEST LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: HALE, SHAUNA  
Address: 1745 WEST LASALLE STREET  
City-St-Zip: TAMPA, FL 33607

**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  
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: DONNA HARDY

D

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date