

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009281

1. Entity Name

MT. OLIVE CEMETERY COMMITTEE, INC.



Principal Place of Business

Mailing Address

1039 SW 320 AVE
STEINHATCHEE FL 32359

5517 SW 358 HWY
STEINHATCHEE FL 32359

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2530730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTINE, JAMES T
1736 SW 358 HWY
STEINHATCHEE FL 32359

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	VALENTINE, JAMES T	
STREET ADDRESS	1736 SW 358 HWY	
CITY- ST- ZIP	STEINHATCHEE FL 32359	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILSON, THELMA	
STREET ADDRESS	93 SW 735 ST	
CITY- ST- ZIP	STEINHATCHEE FL 32359	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JOYCE	
STREET ADDRESS	1310 1ST AVE	
CITY- ST- ZIP	STEINHATCHEE FL 32359	
TITLE	S	<input type="checkbox"/> Delete
NAME	OGLESBY, CAROLYN W	
STREET ADDRESS	5517 SW 358 HWY	
CITY- ST- ZIP	STEINHATCHEE FL 32359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James T. Valentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

352-498-5719

Date

Daytime Phone #