


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009281	
1. Entity Name MT. OLIVE CEMETERY COMMITTEE, INC.	

Principal Place of Business 1039 SW 320 AVE STEINHATCHEE FL 32359	Mailing Address 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

1st MOORE	CR2E037 (10/07)
4. FEI Number 56-2530730	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
VALENTINE, JAMES T 1736 SW 358 HWY STEINHATCHEE FL 32359

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 _____ (NOTE: Registered Agent signature required when re-appointing)

DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000816597
CITY - ST - ZIP	02/14/08-80057-005 61.25
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 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* **2/1/2008** **352-498-5719**