2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N05000009281

Entity Name: MT. OLIVE CEMETERY COMMITTEE, INC.

Current Principal Place of Business:

1039 SW 320 AVE
STEINHATCHEE, FL 32359

New Principal Place of Business:

Current Mailing Address:

5517 SW 358 HWY
STEINHATCHEE, FL 32359

New Mailing Address:

FEI Number: 56-2530730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTINE, JAMES T
1736 SW 358 HWY
STEINHATCHEE, FL 32359 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: P ( ) Delete
Name: VALENTINE, JAMES T
Address: 1736 SW 358 HWY
City-St-Zip: STEINHATCHEE, FL 32359

Title: V ( ) Delete
Name: HILSON, THELMA
Address: 93 SW 735 ST
City-St-Zip: STEINHATCHEE, FL 32359

Title: T ( ) Delete
Name: HART, JOYCE
Address: 1310 1ST AVE
City-St-Zip: STEINHATCHEE, FL 32359

Title: S ( ) Delete
Name: OGLESBY, CAROLYN W
Address: 5517 SW 358 HWY
City-St-Zip: STEINHATCHEE, FL 32359

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:

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: JAMES T VALENTINE P 01/27/2009

Electronic Signature of Signing Officer or Director — Date