

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009320

1. Entity Name
**MT. OLIVE PRIMITIVE BAPTIST CHURCH OF VERO
BEACH INCORPORATED**



Principal Place of Business
**2506 42ND ST.
VERO BEACH, FL 32960**

Mailing Address
**2506 42ND ST.
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0570580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMONS, JUSTINE
4545 38TH CT.
VERO BEACH, FL 32967**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOTEN, JOHN S JR 2506 42ND ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DEMONS, JUSTINE 2506 42ND ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRUFF, MACK 2506 42ND ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, FRANCES 2506 42ND ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTEN, CAROLYN 2506 42ND ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/07-80087-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

John S. Moten
John S. MOTEN Pastor

1-18-07 (772) 778-7098

Date

Daytime Phone #