2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007
Secretary of State

DOCUMENT# N06000004740

Entity Name: MT. OLIVE COMMUNITY TECHNOLOGY & RESOURCE CENTER, INC.

Current Principal Place of Business:

604 W. BALL STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

604 W. BALL STREET
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, NORALYNN A
1308 E. TENNESSEE STREET
PLANT CITY, FL 33563 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:	PD	( ) Delete
Name:	ANDERSON, NORALYNN A	
Address:	1308 E. TENNESSEE STREET	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	VD	( ) Delete
Name:	CARR, JAMES	
Address:	606 BETHUNE DRIVE	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	SD	( ) Delete
Name:	CONDE, IMELDA	
Address:	1223 CITRUS HILL COURT	
City-St-Zip:	SEFFNER, FL 33584	
Title:	TD	( ) Delete
Name:	TURNER, TZAPORAW	
Address:	1211 E. TIMBERLANE DRIVE	
City-St-Zip:	PLANT CITY, FL 33563	

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: NORALYNN A. ANDERSON PD 09/14/2007

Electronic Signature of Signing Officer or Director — Date