

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008427

FILED
Jan 10, 2009
Secretary of State

Entity Name: MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF SOUTH BAY, INC

Current Principal Place of Business:

SOUTHWEST 10 STREET
SOUTH BAY, FL 33476

New Principal Place of Business:

Current Mailing Address:

13820 SHEFFIELD STREET
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

JACOBS, WILEHELMENIA
13820 SHEFFIELD STREET
WELLINGTON, FL 33414 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: WILEHELMENIA JACOBS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, EDDIE J DR.
Address: 437 SUN N' LAKE BLVD.
City-St-Zip: LAKE PLACID, FL 33482

Title: VP () Delete
Name: SMALL, JOE
Address: 757 ALABAMA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: JACOBS, WILEHELMENIA
Address: 13820 SHEFFIELD STREET
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: BURDEN, DAVIS
Address: P.O. BOX 394
City-St-Zip: SOUTH BAY, FL 33476

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: BURDEN, DAVID
Address: P.O. BOX 394
City-St-Zip: SOUTH BAY, FL 33476

Title: DEA () Change (X) Addition
Name: LYMON, COBB P
Address: 534 WEST TRINIDAD AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: DEA () Change (X) Addition
Name: ATKINS, JOHNNY E
Address: POST OFFICE BOX 2816
City-St-Zip: CLEWISTON, FL 33440 US

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: WILEHELMENIA JACOBS

Electronic Signature of Signing Officer or Director

SEC

01/10/2009

Date