2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

DOCUMENT# N07000009791

Entity Name: MOUNT OLIVE PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

510 NE 15TH ST.
GAINESVILLE, FL 326411526

New Principal Place of Business:

Current Mailing Address:

510 NE 15TH ST.
GAINESVILLE, FL 326411526

New Mailing Address:

FEI Number: 87-0798342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RESHARD, ALICE
1424 NE 9TH ST.
GAINESVILLE, FL 32601 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: VD
Name: WILLIAMS, WILLIE F
Address: 1634 NE 19TH PL.
City-St-Zip: GAINESVILLE, FL 32609

Title: SD
Name: RESHARD, ALICE M
Address: 1424 NE 9TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: TD
Name: WILLIAMS, JOE
Address: 628 NE 17TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: SD
Name: WILLIAMS, JANIE S
Address: 811 SW 5TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: D
Name: ATWATERS, ALFONSO T
Address: 1773 N. E. 21ST WAY
City-St-Zip: GAINESVILLE, FL 32601

Title: PD
Name: RESHARD, LARRY G
Address: 1424 N. E. 9TH STREET
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: ALICE M. RESHARD SD 02/14/2011

Electronic Signature of Signing Officer or Director — Date