

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08954

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: MOUNT OLIVE MINISTRIES, INC.

**Current Principal Place of Business:**

5661 MOUNT OLIVE RD  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

5661 MOUNT OLIVE RD  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

FEI Number: 59-2804410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYONS, MARIE C  
4108 PINEDEROSA TRAIL  
CRESTVIEW, FL 32539 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: PTDT ( ) Delete  
Name: LYONS, MARIE C  
Address: 4108 PINEDEROSA TRAIL  
City-St-Zip: CRESTVIEW, FL

Title: CT ( ) Delete  
Name: LYONS, MARIE C  
Address: 4108 PINEDEROSA TRAIL  
City-St-Zip: CRESTVIEW, FL

Title: SD ( ) Delete  
Name: BURLISON, CATHY J  
Address: 4090 PINEDEROSA TRAIL  
City-St-Zip: CRESTVIEW, FL

Title: VD ( ) Delete  
Name: LYONS, DENNIS L  
Address: 4108 PINEDEROSA TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

**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: MARIE C. LYONS

PTDT

02/11/2009

Electronic Signature of Signing Officer or Director

Date