

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08954

FILED  
Feb 24, 2012  
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:** PTD  
**Name:** LYONS, MARIE C  
**Address:** 4108 PINEDEROSA TRAIL  
**City-St-Zip:** CRESTVIEW, FL 32539 OK

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

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

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

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:** MARIE C. LYONS

PRES

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date