

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001369

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MOUNT OLIVE AFRICAN METHODIST CHURCH OF BEALSVILLE, INC.

**Current Principal Place of Business:**

5100 HORTON ROAD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

5100 HORTON ROAD  
PLANT CITY, FL 33567

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ALLEN, RALEIGH H III  
10568 CORY LAKE DRIVE  
TAMPA, FL 33646 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: DP  
Name: ALLEN, RALEIGH H III  
Address: 10568 CORY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33646

Title: D  
Name: LOVETT, CHRISTOPHER  
Address: 5544 HORTON ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: D  
Name: BERRY, CARL  
Address: 5525 JOE KING ROAD  
City-St-Zip: PLANT CITY, FL 33567

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: RALEIGH H. ALLEN III, PASTOR

REV.

01/06/2010

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

\_\_\_\_\_  
Date