

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009915

FILED
Feb 24, 2012
Secretary of State

Entity Name: MOUNT OF OLIVES MINISTRIES INTERNATIONAL CORP.

Current Principal Place of Business:

367 PINE SHADOW LANE
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

367 PINE SHADOW LANE
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 27-1058289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INEVIL, ALPHONSE
367 PINE SHADOW LANE
AUBURNDALE, FL 33823 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: P
Name: INEVIL, ALPHONSE
Address: 367 PINE SHADOW LANE
City-St-Zip: AUBURNDALE, FL 33823 US

Title: V
Name: STACO, BERNARD W
Address: 3013 DUST COMMANDER DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM
Name: INEVIL, JEAN C
Address: 698 FRAZIER COURT
City-St-Zip: PAHOKEE, FL 33476

Title: T
Name: LOUIS, GHISLAINE
Address: 3902 WARBLER DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S
Name: CHERIDENT, ROSE A
Address: 3013 DUST COMMANDER DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: ALPHONSE INEVIL

P

02/24/2012

Electronic Signature of Signing Officer or Director

Date