

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N15182

1. Entity Name
MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF
FORT PIERCE, FLORIDA, INC.



Principal Place of Business

800 AVENUE C
FORT PIERCE, FL 34950-4129

Mailing Address

800 AVENUE C
FORT PIERCE, FL 34950-4129



04252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2290194

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS, JAMES A
1900 VALENCIA AVE
FT. PIERCE, FL 34946

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
EDWARDS, JAMES A
1900 VALENCIA AVE.
FT. PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCARTHY, TOMMY
501 N. 8TH ST.
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REV
COLEMAN, HOWARD
800 AVE. C
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, COLEY
800 AVE C
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, DAVID
800 AVE. C.
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, LORENZO
320 S. INDIAN RIVER DR.
FT. PIERCE, FL

DO NOT WRITE
IN THIS SPACE

04/28/05-80130-010 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James A. Edwards / Chairman of Trustees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/05

Daytime Phone #

577-216-9158