

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 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**



03202006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	EDWARDS, JAMES A
STREET ADDRESS	1900 VALENCIA AVE.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	D
NAME	MCCARTHY, TOMMY
STREET ADDRESS	501 N. 8TH ST.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	REV
NAME	COLEMAN, HOWARD
STREET ADDRESS	800 AVE. C
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	JOHNSON, COLEY
STREET ADDRESS	800 AVE C
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	SCOTT, DAVID
STREET ADDRESS	800 AVE. C.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	WILLIAMS, LORENZO
STREET ADDRESS	320 S. INDIAN RIVER DR.
CITY-ST-ZIP	FT. PIERCE, FL

1000000564256
05/20/06 80055-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 James A. Edwards 5/1/06 222-465-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone