



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

|  |                                     |  |   |  |  |
|--|-------------------------------------|--|---|--|--|
| <b>DOCUMENT # N15182</b><br>1. Entity Name<br><b>MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF<br/>FORT PIERCE, FLORIDA, INC.</b>   |                                     |  |   |   |  |
| Principal Place of Business<br><b>800 AVENUE C<br/>FORT PIERCE, FL 34950-4129</b>  |                                     |  | Mailing Address<br><b>800 AVENUE C<br/>FORT PIERCE, FL 34950-4129</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                     | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                                     | City & State   |   |  |  |
| Zip  | Country                             | Zip  | Country   | 4. FEI Number<br><b>59-2290194</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                     |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                                     |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>EDWARDS, JAMES A<br/>1900 VALENCIA AVE<br/>FT. PIERCE, FL 34946</b>   |                                     |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                     |  |   |  |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2007</b>  |                                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
|  |                                     | <b>Make check payable to<br/>Florida Department of State</b>                       |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                 |  |  |
| TITLE  | CD <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | EDWARDS, JAMES A                    |  | NAME  |  |  |
| STREET ADDRESS   | 1900 VALENCIA AVE.                  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL                      |  | CITY-ST-ZIP   | 000000750968<br>05/18/07-80084-006 122.50  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | MCCARTHY, TOMMY                     |  | NAME  |  |  |
| STREET ADDRESS   | 501 N. 8TH ST.                      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL 34950                |  | CITY-ST-ZIP   |  |  |
| TITLE  | REV <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | COLEMAN, HOWARD                     |  | NAME  |  |  |
| STREET ADDRESS   | 800 AVE. C                          |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL 34950                |  | CITY-ST-ZIP   |  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | JOHNSON, COLEY                      |  | NAME  |  |  |
| STREET ADDRESS   | 800 AVE C                           |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL 34950                |  | CITY-ST-ZIP   |  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | SCOTT, DAVID                        |  | NAME  |  |  |
| STREET ADDRESS   | 800 AVE. C.                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL 34950                |  | CITY-ST-ZIP   |  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | WILLIAMS, LORENZO                   |  | NAME  |  |  |
| STREET ADDRESS   | 320 S. INDIAN RIVER DR.             |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. PIERCE, FL                      |  | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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 |                                     |  |   |  |  |
| <b>SIGNATURE:</b>   |                                     |  | 4/26/07 772 4651344<br><small>Date Daytime Phone #</small>            |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                     |  |   |  |  |