


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90008 045 \*\*\*\*61.25

<b>DOCUMENT # N15182</b>		
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
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2290194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  EDWARDS, JAMES A 1900 VALENCIA AVE FT. PIERCE, FL 34946
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**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 *James A. Edwards* Chairman, Trustee Board 4/30/2008  
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, 2008**

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 <del>JOHNSON, COLEY</del> <u>TONY BARNES</u> 800 AVE C FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>SCOTT, DAVID</del> <u>Charles Butler</u> 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**

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* 4/30/08 772-480-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #