

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15182

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

800 AVENUE C  
FORT PIERCE, FL 349504129

**New Principal Place of Business:**

**Current Mailing Address:**

800 AVENUE C  
FORT PIERCE, FL 349504129

**New Mailing Address:**

P.O. BOX 3863  
FORT PIERCE, FL 34948

**FEI Number:** 59-2290194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, JAMES A  
1900 VALENCIA AVE  
FT. PIERCE, FL 34946 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: CD ( ) Delete  
Name: EDWARDS, JAMES A  
Address: 1900 VALENCIA AVE.  
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete  
Name: MCCARTHY, TOMMY  
Address: 501 N. 8TH ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: REV ( ) Delete  
Name: COLEMAN, HOWARD  
Address: 800 AVE. C  
City-St-Zip: FT. PIERCE, FL 34950

Title: D ( ) Delete  
Name: BARNES, TONY  
Address: 800 AVE C  
City-St-Zip: FT. PIERCE, FL 34950 US

Title: D ( ) Delete  
Name: BUTLER, CHARLES  
Address: 800 AVE. C.  
City-St-Zip: FT. PIERCE, FL 34950

Title: D ( ) Delete  
Name: WILLIAMS, LORENZO  
Address: 320 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCCARTHY, TOMMY  
Address: 800 AVE C.  
City-St-Zip: FT. PIERCE, FL 34950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES A. EDWARDS

CHAR

04/27/2009

Electronic Signature of Signing Officer or Director

Date