

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15182

FILED
Mar 30, 2010
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:

P.O. BOX 3863
FORT PIERCE, FL 34948

New Mailing Address:

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
Name: EDWARDS, JAMES A
Address: 1900 VALENCIA AVE.
City-St-Zip: FT. PIERCE, FL

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

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

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

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

Title: D
Name: WILLIAMS, LORENZO
Address: 800 AVE C
City-St-Zip: FT. PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: JAMES A. EDWARDS

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date