

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N39840

1. Entity Name
MOUNT OLIVE BAPTIST CHURCH OF POLK CITY, INC.



Principal Place of Business
**5415 MOUNT OLIVE RD
POLK CITY, FL 33868**

Mailing Address
**PO BOX 278
POLK CITY, FL 33868**



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2711099

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, NELL
PO BOX 771
10020 WILDER RD
POLK CITY, FL 33868**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERB, ALVIN
STREET ADDRESS	5411 JERICHO AVE
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	D
NAME	FUSSELL, MOI
STREET ADDRESS	12721 COMMONWEALTH NORTH
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	VD
NAME	MCGRATH, JOHN
STREET ADDRESS	9942 WILDER ROAD
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	SD
NAME	ROBERTS, NELL
STREET ADDRESS	PO BOX 771 / 10020 WILDER RD
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

59-2711099-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Alvin Erb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

863-984-1263

Daytime Phone #