

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39840

FILED  
Apr 29, 2006  
Secretary of State

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

**Current Principal Place of Business:**

5415 MOUNT OLIVE RD  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 278  
POLK CITY, FL 33868

**New Mailing Address:**

**FEI Number:** 59-2711099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, NELL  
PO BOX 771  
10020 WILDER RD  
POLK CITY, FL 33868 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: PD ( ) Delete  
Name: ERB, ALVIN  
Address: 5411 JERICHO AVE  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: FUSSELL, MOI  
Address: 12721 COMMONWEALTH NORTH  
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete  
Name: MCGRATH, JOHN  
Address: 9942 WILDER ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: SD ( ) Delete  
Name: ROBERTS, NELL  
Address: PO BOX 771 / 10020 WILDER RD  
City-St-Zip: POLK CITY, FL 33868

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

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 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: SHARON ERB

T

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date