


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 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
---	--

DO NOT WRITE IN THIS SPACE



07182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2711099	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

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

**DO NOT WRITE
IN THIS SPACE**

U000000769920
07/23/07-80001-014 61.25

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:  **7-18-07 863 984-1263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #