2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N39840

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

ROBERTS, NELL
10020 WILDER ROAD
POLK CITY, FL 33868 US

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: _____ 09/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: PD ( ) Delete
Name: CRAWFORD, ROBERT E
Address: 8725 BRYANT RD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: ROBERTS, NELL
Address: 10020 WILDER RD
City-St-Zip: POLK CITY, FL 33868

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: PATTY RICE FINA 09/02/2009
Electronic Signature of Signing Officer or Director — Date