

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44557

FILED
Apr 19, 2011
Secretary of State

Entity Name: CLYDE OLIVER MINISTRIES, INC.

Current Principal Place of Business:

3506 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410075
MELBOURNE, FL 329410075 US

New Mailing Address:

FEI Number: 59-3079819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER, CLYDE
4235 TURTLE MOUND RD
MELBOURNE, FL 329348506 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: D
Name: OLIVER, CLYDE N
Address: 4235 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 329348506 US

Title: D
Name: OLIVER, MARION L
Address: 4235 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 329348506 US

Title: D
Name: WALLACE, LAURA E
Address: 1630 KINSALE CT
City-St-Zip: MELBOURNE, FL 329406021 US

Title: D
Name: BURKE, TRAVIS
Address: 3083 SAINT ANDREWS WAY
City-St-Zip: TALLAHASSEE, FL 323124266 US

Title: D
Name: BURKE, CALETO
Address: 3083 SAINT ANDREWS WAY
City-St-Zip: TALLAHASSEE, FL 323124266 US

Title: D
Name: MCHENRY, THOMAS M
Address: 3075 RIO PALMA S
City-St-Zip: INDIALANTIC, FL 329033729 US

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: CLYDE N OLIVER

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date