2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000674

1. Entity Name
THE HOLINESS CHURCH OF GOD MOUNTAIN OF OLIVES INT., INC.

Principal Place of Business	Mailing Address
1326 WEST WASHINGTON ORLANDO, FL 32805 US	P.O.BOX 608746 ORLANDO, FL 32860 US

DO NOT WRITE IN THIS SPACE

04072006 No'Chg-NP CR2E037 (11/05)

4. FEI Number
59-3163487
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUPOINT, DANIEL R
742 ALFRED DRIVE
ORLANDO, FL 32810

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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04/26/06-80013-022 61:25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AUPONT, DANIEL
STREET ADDRESS	742 ALFRED DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	DE
NAME	PIERRE, PRESENDIEU
STREET ADDRESS	4105 NILE STREET
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	DE
NAME	DESIR, LENET
STREET ADDRESS	5508 PARK HURST DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	AUPONT, MARIE C
STREET ADDRESS	742 ALFRED DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	VINCENT DEACON, VINON
STREET ADDRESS	1121 HURLEY AVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	DE
NAME	GERMEUS, JEAN V
STREET ADDRESS	216 N NASHVILLE AVE
CITY-ST-ZIP	ORLANDO, FL 32805

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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: Daniel Aupont 4/7/06 407-222-4592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #