2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N92000000674

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

Current Principal Place of Business:

1326 WEST WASHINGTON
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 608746
ORLANDO, FL 32860 US

New Mailing Address:

FEI Number: 59-3163487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUPOINT, DANIEL R
742 ALFRED DRIVE
ORLANDO, FL 32810 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:	AUPONT, DANIEL	
Address:	742 ALFRED DRIVE	
City-St-Zip:	ORLANDO, FL	
Title:	DE	( ) Delete
Name:	PIERRE, PRESENDIEU	
Address:	4105 NILE STREET	
City-St-Zip:	ORLANDO, FL 32839	
Title:	DE	( ) Delete
Name:	DESIR, LENET	
Address:	5508 PARK HURST DRIVE	
City-St-Zip:	ORLANDO, FL	
Title:	T	( ) Delete
Name:	AUPONT, MARIE C	
Address:	742 ALFRED DRIVE	
City-St-Zip:	ORLANDO, FL	
Title:	S	( ) Delete
Name:	VINCENT DEACON, VINON	
Address:	1121 HURLEY AVE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	DE	( ) Delete
Name:	GERMEUS, JEAN V	
Address:	216 N NASHVILLE AVE	
City-St-Zip:	ORLANDO, FL 32805	

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:	
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 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: DANIEL AUPONT PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date