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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -9 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000004999 (9)

1. Corporation Name

MOUNT OLIVE HOUSING & COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

**3711 CARACUS CT
TALLAHASSEE FL 32303**

**P.O. BOX 6945
TALLAHASSEE FL 32314-6945**

3. Date Incorporated or Qualified
11/05/1993

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

4. FEI Number
59-3207891

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEFFERSON, RONALD
3711 CARACUS CT
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **TONNELIEH, TOM**
STREET ADDRESS **2831 NW 41ST, SUITE E**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VP** ☒ DELETE
NAME **KYLE, BENJAMIN W**
STREET ADDRESS **1937 RIBAUT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **S** ☐ DELETE
NAME **MATLOCK, CONNIE**
STREET ADDRESS **RT 1 BOX 3016**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **T** ☐ DELETE
NAME **JEFFERSON, RONALD W**
STREET ADDRESS **3711 CARACUS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **AD** ☒ DELETE
NAME **CARAE, GARY**
STREET ADDRESS **P.O. BOX 40 N/A**
CITY-ST-ZIP **ARCHER FL 32617**

TITLE **D** ☐ DELETE
NAME **BROWN, WALTER**
STREET ADDRESS **718 W 4TH AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Ronald W. Jefferson**
1.3 STREET ADDRESS **3711 Caracus Ct**
1.4 CITY-ST-ZIP **Tallahassee, FL 32314**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **RETT, JR**
2.3 STREET ADDRESS **RT 1 Box 3016**
2.4 CITY-ST-ZIP **Crawfordville FL 32327**

3.1 TITLE **600002054376-9**
3.2 NAME **-01/10/97-01088-013**
3.3 STREET ADDRESS *******70.00 *****70.00**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Michael Simmons** ☒ Change ☐ Addition
5.2 NAME **906 Russ Lake Dr**
5.3 STREET ADDRESS **Panama City FL 32404**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ronald W. Jefferson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/96 904)5627191
Date Daytime Phone #0008589

CR2E037 (9/96)