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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004999 (9)**

1. Corporation Name

**MOUNT OLIVE HOUSING & COMMUNITY DEVELOPMENT CORP  
ORATION, INC.**

Principal Place of Business

Mailing Address

**3711 CARACUS CT  
TALLAHASSEE FL 32303**

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

3. Date Incorporated or Qualified

**11/05/1993**

4. FEI Number

**59-3207891**

Applied For

Not Applicable

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**

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 **JEFFERSON, RONALD W**  
STREET ADDRESS **3711 CARACUS COURT**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **600002456646--9**  
1.3 STREET ADDRESS **-03/13/98--01068--005**  
1.4 CITY-ST-ZIP **\*\*\*\*\*70.00 \*\*\*\*\*70.00**

TITLE **VP** ☐ DELETE  
NAME **RETT, WILLIAM JR.**  
STREET ADDRESS **RT. 1 BOX 3016**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

2.1 TITLE **VP** ☐ Change ☐ Addition  
2.2 NAME **Connie S. Matlock**  
2.3 STREET ADDRESS **P.O. Box 1657 N/A**  
2.4 CITY-ST-ZIP **Crawfordville, FL 32326**

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

3.1 TITLE **S** ☐ Change ☐ Addition  
3.2 NAME **Reti, William Jr**  
3.3 STREET ADDRESS **3778 Crawfordville Hwy**  
3.4 CITY-ST-ZIP **Crawfordville, FL 32327**

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

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

TITLE **AD** ☐ DELETE  
NAME **SIMMONS, MICHAEL**  
STREET ADDRESS **906 RUSS LAKE DRIVE**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **CHRISTINE SCHEU**  
6.3 STREET ADDRESS **5419 SOMBRA del Lago**  
6.4 CITY-ST-ZIP **TALLAHASSEE FL 32303**

14. I 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:

*Christine Scheu*

3-11-98

514-1829

CR2E037 (10/97)