

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004999

FILED
Apr 28, 2004
Secretary of State

Entity Name: MOUNT OLIVE HOUSING & COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

2531 SOUTH ADAMS
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6364
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3207891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, KENNETH
2531 SOUTH ADAMS
TALLAHASSEE, FL 32301

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: BAKER, WILLIAM H III
Address: 308 WEST BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: BELLAMY, JIM
Address: 532 WEST GEORGIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: MACMILLAN, ALEXIS
Address: 319 NORTH MACOMB STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: LAWRENCE, DARRELL
Address: 551 WEST CAROLINA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SCOTT, DEE
Address: 580 SOUTH APLEYARD DR
City-St-Zip: TALLAHASSEE, FL 32304

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM BAKER

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date