2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N93000004999

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 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:	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 APPLEYARD 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 04/26/2005
Electronic Signature of Signing Officer or Director — Date