

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004999

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

650 WEST BREVARD STREET  
TALLAHASSEE, FL 32304

**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  
650 WEST BREVARD STREET  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

KENNETH BARBER AND ASSOCIATES  
650 WEST BREVARD STREET  
TALLAHASSEE, FL 32304 US

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: KENNETH BARBER

04/29/2009

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

**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:

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: WILLIAM H BAKER III

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date