

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004999

FILED
Apr 30, 2010
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:

KENNETH BARBER AND ASSOCIATES
650 WEST BREVARD STREET
TALLAHASSEE, FL 32304 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
Name: BAKER, WILLIAM H III
Address: 308 WEST BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: S
Name: MACMILLAN, ALEXIS
Address: 319 NORTH MACOMB STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby 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 all other like empowered.

SIGNATURE: JIM BELLAMY

VPD

04/30/2010

Electronic Signature of Signing Officer or Director

Date