2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N94000000322

Entity Name: MOUNT OLIVE COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

40 N.W. 4TH AVE.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

40 N.W. 4TH AVE.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0489984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CEASAR-LOMAX, ETHEL
40 N.W. 4TH AVE.
DELRAY BEACH, FL 33444 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: D ( ) Delete
Name: JOHNSON, LEONARD C
Address: 1409 N. MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL

Title: VD ( ) Delete
Name: BROADNAX, CHARLES
Address: 712 GOLF CT.
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD ( ) Delete
Name: HUNT SR, MATHIS G
Address: 126 S.W. 9TH AVE
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete
Name: CASTELLOW, DEBORAH W
Address: 414 S.W. 14TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: WILLIAMS, JEANETTE
Address: 5400 PALM RIDGE BLVD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: BROOKS, LORENZO
Address: 6304 INDIAN WELLS BLVD.
City-St-Zip: BOYNTON BEACH, FL 33483

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:

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 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: DEBORAH W CASTELLOW D 05/01/2006

Electronic Signature of Signing Officer or Director — Date