

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000322

FILED
Apr 30, 2009
Secretary of State

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 ()

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, LENARD C
Address: 1409 N. MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

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 33444

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

Title: D () Delete
Name: IVERY, WASHINGTON
Address: 5833 AUTUMN RIDGE ROAD
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: JOHNSON, HOMER
Address: 2122 DAWSON WAY
City-St-Zip: DELRAY BEACH, FL 33445

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date