

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 049 ****70.00



DOCUMENT # N94000003755 1. Entity Name MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF CRYSTAL RIVER, INCORPORATED					
Principal Place of Business 2105 N GEORGIA RD CRYSTAL RIVER FL 34429		Mailing Address PO BOX 327 CRYSTAL RIVER FL 34423			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6568848	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIDDLE, LILLIE M 926 NORTHEAST 3RD STREET CRYSTAL RIVER FL 34429				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW, FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILL, LEROY 3 CARNATION COURT HOMOSASSA FL 34448	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hill, Leroy 3 Carnation Court E Homosassa, FL 34448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FOSTER, GEORGE 672 NORTH EAST 8TH AVENUE CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Allen, Judge 3801 E. Arbor Lake Drive Hernando, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BIDDLE, LILLIE M 926 NORTH EAST 3RD STREET CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COUNCIL, ALFONSO 745 NE 5TH TERRACE CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHALEY, WILLARD 2537 NORTH VIRGINIA ROAD CRYSTAL RIVER FL 34428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NELSON, WILLIE 1154 NE 1ST ST CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lillie M. Biddle</i> Lillie M. Biddle <i>April 15, 2007</i> 352-563-6329					