


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 036 ****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 # Suite, Apt. #, etc.		3. Mailing Address 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																															
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P HILL, LEROY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3 CARNATION COURT E</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HOMOSASSA, FL 34448</td> </tr> <tr> <td>TITLE</td> <td>T FOSTER, GEORGE</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">672 NORTH EAST 8TH AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CRYSTAL RIVER, FL 34428</td> </tr> <tr> <td>TITLE</td> <td>TS BIDDLE, LILLIE M</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">926 NORTH EAST 3RD STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CRYSTAL RIVER, FL 34429</td> </tr> <tr> <td>TITLE</td> <td>DV COUNCIL, ALFONSO</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">745 NE 5TH TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CRYSTAL RIVER, FL 34428</td> </tr> <tr> <td>TITLE</td> <td>T ALLEN, JUDGE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3801 E. ARBOR LAKE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HERNANDO, FL 34442</td> </tr> <tr> <td>TITLE</td> <td>T NELSON, WILLIE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1154 NE 1ST ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CRYSTAL RIVER, FL 34429</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">T Sydney Bruce</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">33 Pine Street</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Homosassa, FL 34448</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	P HILL, LEROY	<input type="checkbox"/> Delete	STREET ADDRESS	3 CARNATION COURT E		CITY-ST-ZIP	HOMOSASSA, FL 34448		TITLE	T FOSTER, GEORGE	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	672 NORTH EAST 8TH AVENUE		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		TITLE	TS BIDDLE, LILLIE M	<input type="checkbox"/> Delete	STREET ADDRESS	926 NORTH EAST 3RD STREET		CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		TITLE	DV COUNCIL, ALFONSO	<input type="checkbox"/> Delete	STREET ADDRESS	745 NE 5TH TERRACE		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		TITLE	T ALLEN, JUDGE	<input type="checkbox"/> Delete	STREET ADDRESS	3801 E. ARBOR LAKE DRIVE		CITY-ST-ZIP	HERNANDO, FL 34442		TITLE	T NELSON, WILLIE	<input type="checkbox"/> Delete	STREET ADDRESS	1154 NE 1ST ST		CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		TITLE	T Sydney Bruce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	33 Pine Street		CITY-ST-ZIP	Homosassa, FL 34448		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (Lillie M. Biddle)</i> 04/04/08 (352) 563-6329																																																																																															