

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005389

FILED
Apr 25, 2007
Secretary of State

Entity Name: MOUNT OLIVE DEVELOPMENT CORPORATION

Current Principal Place of Business:

401 NW 9TH AVENUE
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

401 NW 9TH AVENUE
FT. LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-0548855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SAMUEL
12676 NW 67TH DRIVE
FORT LAUDERDALE, FL 33311 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: MGRM () Delete
Name: OSGOOD, DR. ROSALIND
Address: 1819 NW 3RD COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: C () Delete
Name: WILLIAMS, SAMUEL
Address: 12676 NW 67TH DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: TREA () Delete
Name: BROWN, ROLANE
Address: 401 NW 9TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: VC () Delete
Name: THURSTON, KENNETH
Address: 401 NW 9TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: SEC () Delete
Name: BENNEFIELD, JACQUE
Address: 401 NW 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33076 US

Title: PARL () Delete
Name: JACKSON, JAKE
Address: 401 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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
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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: DR. ROSALIND OSGOOD

Electronic Signature of Signing Officer or Director

MGRM

04/25/2007

_____ Date