# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 26, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N95000000615

1. Entity Name
MT. OLIVE MISSIONARY BAPTIST CHURCH OF LAKE HARBOR, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LAKE HARBOR<br>LAKE HARBOR, FL 33459 US | PO BOX 627<br>SOUTH BAY, FL 33493 US |

07172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0633145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MARY
295 N.W. 11 AVE.
SOUTH BAY, FL 33493

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | THORNTON, JAMES |
| STREET ADDRESS | P.O. BOX 1142 N/A |
| CITY-ST-ZIP | CLEWISTON, FL 33440 |
| TITLE | VD |
| NAME | THORNTON, MAJOR |
| STREET ADDRESS | 1211 LOUISIANA AVE. |
| CITY-ST-ZIP | CLEWISTON, FL 33440 |
| TITLE | TD |
| NAME | WESTON, GULLY |
| STREET ADDRESS | 190 N. STATE ROAD 715 |
| CITY-ST-ZIP | BELLE GLADE, FL 33430 |
| TITLE | SD |
| NAME | FORD, MARY |
| STREET ADDRESS | 300 SW 1ST STREET |
| CITY-ST-ZIP | SOUTH BAY, FL 33493 |
| TITLE | SD |
| NAME | JACKSON, MARY |
| STREET ADDRESS | 295 NW 11TH AVE. |
| CITY-ST-ZIP | SOUTH BAY, FL 33493 |
| TITLE | SD |
| NAME | FORD, JOHN A |
| STREET ADDRESS | 13139 GREENFINCH TERRANCE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |

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07/26/05-80001-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Mary Jackson Mary Jackson 7/17/05 (561) 996-5782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #