

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000615

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

617 S.W. AVENUE C
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 245
LAKE HARBOR, FL 33459 US

New Mailing Address:

FEI Number: 65-0633145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMAN, JOHN H REV
617 S.W. AVENUE C
BELLE GLADE, FL 33430 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: PD () Delete
Name: HOLMAN, JOHN H
Address: 617 S.W. AVENUE C
City-St-Zip: BELLE GLADE, FL 33430 US

Title: VD () Delete
Name: THORNTON, MAJOR
Address: 1211 LOUISIANA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: WESTON, GULLY
Address: 190 N. STATE ROAD 715
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: FORD, MARY
Address: 300 SW 1ST STREET
City-St-Zip: SOUTH BAY, FL 33493

Title: TD () Delete
Name: MOORE, ANNETTE
Address: 501B PREWITT VILLAGE
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: FORD, JOHN A
Address: 126 WAKULA SPRING WAY
City-St-Zip: ROYAL PALM BEACH, FL 33430

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: REV. JOHN H. HOLMAN

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date