


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000003021 (1)**

1. Corporation Name

MT. OLIVE COMMUNITY SERVICES CORPORATION

Principal Place of Business

**2754 ORANGE STREET
FORT MYERS FL 33916**

Mailing Address

**2754 ORANGE STREET
FORT MYERS FL 33916-2621**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1995		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0578834		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**STOCKTON, ALAN B REV.
2754 ORANGE STREET
FORT MYERS FL 33916**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, JOSEPH R.	1.2 NAME	
STREET ADDRESS	2256 HEITMAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVER, WAYNE	2.2 NAME	
STREET ADDRESS	4025 SANDLEWOOD LANE STE 4	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LORI	3.2 NAME	
STREET ADDRESS	1950 HENDERSON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBO, ROBERT	4.2 NAME	
STREET ADDRESS	6474 ROYAL WOODS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, NEAL JR.	5.2 NAME	
STREET ADDRESS	3109 DR. MARTIN LUTHER KING JR. BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, GERALD	6.2 NAME	
STREET ADDRESS	3920 MICHIGAN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Neal J. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97 (941) 228-9898
Date Daytime Phone # 0066818

CR2E037 (9/96)