2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N95000003021

Entity Name: MT. OLIVE COMMUNITY SERVICES CORPORATION

Current Principal Place of Business:

2754 ORANGE STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

1727-E PARK MEADOW DR
FORT MYERS, FL 33907

New Mailing Address:

913 SW 23RD ST
CAPE CORAL, FL 33991

FEI Number: 65-0578834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKTON, ALAN B REV.
2754 ORANGE STREET
FORT MYERS, FL 33916 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: CD ( ) Delete
Name: PIERCE, JUDY
Address: 1727-3 PARK MEADOWS DR.
City-St-Zip: FORT MYERS, FL 33907

Title: VCD ( ) Delete
Name: WALKER, CHRIS
Address: 2995 LAFAYETTE ST.
City-St-Zip: FORT MYERS, FL 33916

Title: SD ( ) Delete
Name: HARTNER, JUDITH
Address: 11411 WATERFORD VILLAGE DR.
City-St-Zip: FORT MYERS, FL 33913

Title: TD ( ) Delete
Name: BURNS, SHIRLEY
Address: 913 SW 23RD ST.
City-St-Zip: CAPE CORAL, FL 33991

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY BURNS TRES 09/08/2004
Electronic Signature of Signing Officer or Director — Date