

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N96000004382

1. Entity Name

O'LENO MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

20630 S. US HIGHWAY 441
HIGH SPRINGS, FL 32643

Mailing Address

P.O. BOX 2789
HIGH SPRINGS, FL 32655-2789



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL E
22842 HIGHWAY 129 SOUTH
O BRIEN, FL 32071

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME WILLIAMS, MARY E
STREET ADDRESS 22842 US HIGHWAY 129 SOUTH
CITY-ST-ZIP O BRIEN, FL 32071

TITLE TT
NAME WILLIAMS, MICHAEL E
STREET ADDRESS 22842 US HIGHWAY 129 SOUTH
CITY-ST-ZIP O BRIEN, FL 32071

TITLE T
NAME WILLIAMS, MARY I
STREET ADDRESS 22856 US HWY 129 SOUTH
CITY-ST-ZIP O BRIEN, FL 32071

TITLE TP
NAME DANIELS, DUANE
STREET ADDRESS 20632 S US HIGHWAY 441
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000580284
01/10/07-80041-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael E. Williams /Michael E Williams 1/07/2007 352/318-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #