

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90076 004 ****61.25

DOCUMENT # N98000003805

1. Entity Name
 MT. OLIVE MISSIONARY BAPTIST CHURCH, CORP

Principal Place of Business **Mailing Address**
 Mt. Olive Missionary Baptist Church Route 2.
 Bonifay, FL 32425

2. Principal Place of Business **3. Mailing Address**
 3187 Mt. Olive Rd. 3187 Mt. Olive Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Bonifay, FL 32425 Bonifay, FL 32425

Zip **Country** **Zip** **Country**
 32425 Holmes 32425 Holmes

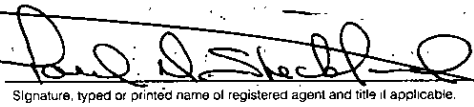
4. FEI Number **Applied For**
 59-2162306 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Paul Strickland
 Route 4, Box 76
 Bonifay, FL 32425

7. Name and Address of New Registered Agent
 Name: Paul D. Strickland
 Street Address (P.O. Box Number is Not Acceptable): 1945 Whitehead Rd.
 City: Bonifay **FL** Zip Code: 32425

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.

SIGNATURE  **DATE** 04-19-00

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

9. Election Campaign Financing **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	Paul D. Strickland		NAME	Paul D. Strickland	
STREET ADDRESS	Route 4 Box 76		STREET ADDRESS	1945 Whitehead Rd.	
CITY-ST-ZIP	Bonifay FL 32425		CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	Jerry Cooley		NAME	Jerry Cooley	
STREET ADDRESS	Route 3 Box 100		STREET ADDRESS	1949 HWY 177	
CITY-ST-ZIP	Bonifay, FL 32425		CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	A.W. Pitts		NAME	A. W. Pitts	
STREET ADDRESS	Route 2 Box 18		STREET ADDRESS	2137 HWY 79	
CITY-ST-ZIP	Bonifay, FL 32425		CITY-ST-ZIP	Bonifay, FL 32425	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **Paul D. Strickland** **DATE** 04-19-00 **Daytime Phone #** 850-638-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)