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

C0076197

DO NOT WRITE IN THIS SPACE

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. Suite, Apt. #, etc.	3187 Mt. Olive Rd. Suite, Apt. #, etc.
City & State: Bonifay, FL 32425	City & State: Bonifay, FL 32425
Zip: 32425 Country: Holmes	Zip: 32425 Country: Holmes

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Paul Strickland Route 4, Box 76 Bonifay, FL 32425	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: Paul D. Strickland 04-19-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

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

CR2E037 (9/99)

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 04-19-00 850-638-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #