

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003805

1. Entity Name

MT. OLIVE MISSIONARY BAPTIST CHURCH CORP.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90255 011 ****61.25

Principal Place of Business

3187 MT OLIVE ROAD
BONIFAY FL 32425

Mailing Address

3187 MT OLIVE ROAD
BONIFAY FL 32425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2162306

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRICKLAND, PAUL D SR.
1945 WHITEHEAD RD
BONIFAY FL 32425

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D STRICKLAND, PAUL D SR. 1945 WHITEHEAD RD BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, A W 1945 WHITEHEAD RD BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, JERRY 1945 WHITEHEAD RD BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pitts A W 2137 HWY 79 Bonifay FL 32425 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooley, Jerry 1946 HWY 177 Bonifay FL 32425 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul D. Strickland, Sr.

Date

4/11/02

Daytime Phone #

850.638-0010

CR2E037 (9/01)