2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800003805

FILED Apr 24, 2002 8:00 am Secretary of State

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

1. Entity Name

MT. OLIVE MISSIONARY BAPTIST CHURCH CORP.

Principal Place of Business 3187 MT OLIVE ROAD

Mailing Address

3187 MT OLIVE ROAD DOMEAN EL 22425

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O District Division	lana af Domin		la Mail	ing Address			_					
2. Principal Place of Business			J. Maii	3. Mailing Address				18101 1811! 8811! 8	DIFT BUSIN DAREN ANIA:		BI EIII IDEI	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				DO NOT W	RITE IN THIS S	PACE		
City & State			Cit	City & State			4. FEI Number 59-2162306			Applied For Not Applicable		
Zip	Country Zi			1			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Currer	nt Registere	d Agent			7. Name and A	ddress of Nev	ress of New Registered Agent			
-				•	Nam	3	-					
STRICKLAND, PAUL D SR. 1945 WHITEHEAD RD BONIFAY FL 32425						Street Address (P.O. Box Number is Not Acceptable)						
						FL Zip Code					е	
8. The abové	named entity	y submits this statement	for the purp	ose of changing its	registered office	e or registe	ered agent, or both,	in the state of	Florida.	1	···	1
SIGNATURE .												
Oldin World		or printed name of registered age	nt and title if app	olicable. (NOTI	: Registered Agent si	nature require	ed when reinstating)		DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Department of State					
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10.	י סו	OFFICERS AND D	DIRECTORS	□ Delete	11.		ADDITIONS/CHAP	IGES TO UFFI	ICERS AND DIR	Change	Addition	ξ
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STREET ADDRESS	1945 WHIT BONIFAY I	EHEAD RD			STREET ADDRE	SS 191	16 H MA 1	2) //				
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NAME STREET ADDRESS					NAME STREET ADDRÉ	ss						
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12. Thereby 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.

SIGNATURES

850,638-0010 Daytime Phone #