

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003805

FILED
Apr 05, 2006
Secretary of State

Entity Name: MT. OLIVE MISSIONARY BAPTIST CHURCH CORP.

Current Principal Place of Business:

3187 MT OLIVE ROAD
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

3187 MT OLIVE ROAD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-2162306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRICKLAND, PAUL D SR.
Address: 1945 WHITEHEAD RD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: PITTS, A W
Address: 2137 HWY 79
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: COOLEY, JERRY
Address: 1946 HWY 177
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL D. STRICKLAND, SR.

MR

04/05/2006

Electronic Signature of Signing Officer or Director

Date