

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2009  
Secretary of State**

DOCUMENT# N98000007074

Entity Name: MT. OLIVE MISSIONARY BAPTIST CHURCH OF BRADLEY, FL., INC.

**Current Principal Place of Business:**

155 CHURCH AVE  
BRADLEY, FL 33835

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 191  
BRADLEY, FL 33835

**New Mailing Address:**

FEI Number: 63-0009423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENDRICK, EUGENE T  
10 WILLIAMS STREET  
MULBERRY, FL 33860      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: ANTHONY, DELORES  
Address: 1110 BENNETT CT  
City-St-Zip: BARTOW, FL 33830 US

Title: D      ( ) Delete  
Name: STOKES, POLLY A  
Address: 425 WHITFIELD STREET  
City-St-Zip: MULBERRY, FL 33860

Title: D      ( ) Delete  
Name: WILCOX, LEVI M  
Address: 6951 WILSON AVE.  
City-St-Zip: BRADLEY, FL 33835

Title: D      ( ) Delete  
Name: WYNN, RALPH R  
Address: 1070 TEE CIRCLE EAST  
City-St-Zip: BARTOW, FL 33830

Title: D      ( ) Delete  
Name: ROBINSON, EDDIE  
Address: 205 HOOKER ST  
City-St-Zip: BRADLEY, FL 33835

**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:

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 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: DELORES ANTHONY

D

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date