

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004040

FILED
Jun 01, 2006
Secretary of State

Entity Name: JERUSALEM-MT. OLIVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2679 SOUTH HIGHWAY 73
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2679 SOUTH HIGHWAY 73
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 59-3587868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EPHRAIM, THOMAS
2679 SOUTH HIGHWAY 73
MARIANNA, FL 32448 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: T () Delete
Name: NORMA, MERRIT
Address: 2669 HIGHWAY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: V () Delete
Name: MENCHION, FRANCES
Address: 3303 GARDENVIEW ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: P () Delete
Name: YVONNE, STEVENS
Address: 4499 LOVETT ROAD
City-St-Zip: MARIANNA, FL 32448

Title: S () Delete
Name: GAIL, JONES
Address: 2075 VISTA ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: MORGAN, ISAIAH
Address: 2032 HWY 73
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: EPHRIAM, THOMAS
Address: 2679 HWY 73
City-St-Zip: MARIANNA, FL 32448

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
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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: NORMA MERRITT

TD

06/01/2006

Electronic Signature of Signing Officer or Director

Date