

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008427

Entity Name: MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF SOUTH BAY, INC**Current Principal Place of Business:**1424 W. CANAL ST. S
BELLE GLADE, FL 33430**Current Mailing Address:**1424 W. CANAL ST. S
BELLE GLADE, FL 33430 US**FEI Number:** 26-0024916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDEN, RANDY LAMAR DR.
930 NW 4TH ST
BELLE GLADE, FL 33430 US*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:** REV. DR. RANDY L. BURDEN JR.

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	LYMON , CARL P.
Address	WEST TRINIDAD AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	S
Name	JACOBS, WILEHELMENIA DR.
Address	13820 SHEFFIELD STREET
City-State-Zip:	WELLINGTON FL 33414

Title	T
Name	BURDEN, DAVID
Address	P.O. BOX 394
City-State-Zip:	SOUTH BAY FL 33476

Title	DEA
Name	ANDERSON, GEORGE
Address	515 WEST HAITI AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	DEA
Name	ATKINS, JOHNNY E
Address	POST OFFICE BOX 2816
City-State-Zip:	CLEWISTON FL 33440

Title	P
Name	BURDEN, JR., RANDY
Address	930 NW 4TH ST
City-State-Zip:	BELLE GLADE FL 33430

I hereby 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 all other like empowered.

SIGNATURE: BURDEN, JR. , RANDY

PASTOR

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date