

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002225

**Entity Name:** MOUNT OLIVES CHURCH OF GOD OF KISSIMMEE, INC.

**Current Principal Place of Business:**

1164 EAST DONEGAN AVENUE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1164 EAST DONEGAN AVENUE  
KISSIMMEE, FL 34744

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

SOIRO, JEAN S  
207 S. SEQUOIA DR  
WEST PALM BEACH, FL 33409 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name JEAN, JOEL  
Address 409 MAJESTIC WAY  
City-State-Zip: KISSIMMEE FL 34758

Title VP  
Name DORMEVIL, MARIE  
Address 2076 E. OSCEOLA PKWAY  
City-State-Zip: KISSIMMEE FL 34743

Title D  
Name SAINT MELUS, JESNEY  
Address 1164 E. DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name BIEN AIME, VENORD  
Address 1164 E. DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name FLEURIDOR, ROSE M  
Address 1164 E. DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name DECIMUS, JEAN  
Address 1164 E. DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

*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: JEAN JOEL**

**JEAN JOEL**

**03/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date