

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005159

Entity Name: NEW MOUNT OLIVE MISSIONARY BAPTIST CHURCH INC.

Current Principal Place of Business:

2870 BARNES STREET
MARIANNA, FL 32448

Current Mailing Address:

POST OFFICE BOX 312
MARIANNA, FL 32447 US

FEI Number: 47-1071241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A
TAMPA, FL 33612 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 PD
Name HAYWOOD THOMAS, SR
Address POST OFFICE BOX 312
City-State-Zip: MARIANNA FL 32447

Title T
Name TRUITT, EDNA P
Address POST OFFICE BOX 312
City-State-Zip: MARIANNA FL 32447

Title D
Name LOVETT, JANETT P
Address POST OFFICE BOX 312
City-State-Zip: MARIANNA FL 32447

Title S
Name MCCLENDON, MARY M
Address POST OFFICE BOX 312
City-State-Zip: MARIANNA FL 32447

Title D
Name WALKER, JOHN
Address POST OFFICE BOX 312
City-State-Zip: MARIANNA FL 32447

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: MARY M. MCCLENDON

**CHURCH
ADMINISTRATOR**

04/16/2016

Electronic Signature of Signing Officer/Director Detail

Date