

**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