

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500000187

**Entity Name:** MT. OLIVE OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

5160 NIXON LANE  
ELKTON, FL 32033

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC1196475378**

**Current Mailing Address:**

5160 NIXON LANE  
ELKTON, FL 32033 US

**FEI Number: 47-3048120**

**Certificate of Status Desired: No**

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

CALLOWAY, WANDA T  
5140 NIXON LANE  
ELKTON, FL 32033 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            DIRECTOR/TREASURER, TRUSTEE  
Name            CALLOWAY, WANDA T  
Address        5140 NIXON LANE  
City-State-Zip: ELKTON FL 32033

Title            VP, SECRETARY, TRUSTEE  
Name            POWELL, MISTY L  
Address        4215 NANCY STREET  
City-State-Zip: HASTINGS FL 32145

Title            OFFICER, TRUSTEE  
Name            CALLOWAY, FLORENTINO A  
Address        5150 NIXON LANE  
City-State-Zip: ELKTON FL 32033

Title            PASTOR/ TREASURER  
Name            DAVENPORT, BETTY S  
Address        11 SQUIRE CT B  
City-State-Zip: PALM COAST FL 32164

*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: WANDA T CALLOWAY**

**DIRECTOR**

**03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date