

**2023 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

**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:**

RIVERS, WANDA  
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           TREASURER, SECRETARY  
Name           POWELL, MISTY L  
Address        4215 NANCY STREET  
City-State-Zip: HASTINGS FL 32145

Title           OFFICER, TRUSTEE  
Name           POWELL, CLEVELAND  
Address        5150 NIXON LANE  
City-State-Zip: ELKTON FL 32033

Title           PRESIDENT, TRUSTEE  
Name           RIVERS, WANDA  
Address        5140 NIXON LANE  
City-State-Zip: ELKTON FL 32033

Title           PASTOR, VP  
Name           VICKERS, ALFREDO JR.  
Address        2309 PRESIDENT STREET  
City-State-Zip: PALATKA FL 32177

*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 RIVERS

**PRESIDENT**

**03/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date