

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012123

**Entity Name:** MOUNT OF OLIVES EVANGELICAL BAPTIST CHURCH INC.

**Current Principal Place of Business:**

705 STARLAND SE  
PALM BAY, FL 32909

**Current Mailing Address:**

6165 BABCOCK ST. SE  
SUITE 1 & 2  
PALM BAY, FL 32909 US

**FEI Number:** 83-2362646

**Certificate of Status Desired:** No

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

MOLME, JNMARC  
705 STARLAND SE  
PALM BAY, FL 32909 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 PASTOR  
Name MOLME, JNMARC  
Address 705 STARLAND SE  
City-State-Zip: PALM BAY FL 32909

Title SEC  
Name MOLME, BULAINÉ  
Address 705 STARLAND SE  
City-State-Zip: PALM BAY FL 32909

Title TREASURER  
Name NOEL, ELAN  
Address 6165 BABCOCK ST. SE  
SUITE 1 & 2  
City-State-Zip: PALM BAY FL 32909

Title FINANCIAL SECRETARY  
Name JEAN BAPTISTE, ROSELENE  
Address 6165 BABCOCK ST. SE  
SUITE 1 & 2  
City-State-Zip: PALM BAY FL 32909

*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:** BULAINÉ MOLME

**SECRETARY**

**02/22/2023**

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

\_\_\_\_\_  
Date