

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012183

Entity Name: MOUNT OLIVE EMPOWERMENT MINISTRIES INC.**Current Principal Place of Business:**2506 42ND STREET
VERO BEACH, FL 32967**Current Mailing Address:**3500 AVE S
FORT PIERCE, FL 34947**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONFISTON, MICHAEL R
3500 AVE S
FORT PIERCE, FL 34947 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	P
Name	MONFISTON, MICHAEL
Address	3500 AVE S
City-State-Zip:	FORT PIERCE FL 34947

Title	VP
Name	HAGANS, JAMES JR.
Address	6345 84TH PLACE
City-State-Zip:	VERO BEACH FL 32967

Title	SEC
Name	BROWN, TIFFINEY
Address	866 GARNDIN AVE
City-State-Zip:	SEBASTIAN FL 32958

Title	TREA
Name	GIBSON, JAMES
Address	4716 30TH AVE
City-State-Zip:	VERO BEACH FL 32967

Title	MEMB
Name	LITTLE, MILDRED
Address	1165 24TH STREET SW
City-State-Zip:	VERO BEACH FL 32962

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: TIFFINEY BROWN**SECRETARY****03/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date