

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005389

FILED
Apr 17, 2015
Secretary of State
CC0479673672

Entity Name: MOUNT OLIVE DEVELOPMENT CORPORATION

Current Principal Place of Business:

401 NW 9TH AVENUE
FT. LAUDERDALE, FL 33311

Current Mailing Address:

401 NW 9TH AVENUE
FT. LAUDERDALE, FL 33311 US

FEI Number: 65-0548855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSGOOD, ROSALIND
401 NW 9TH AVENUE
FORT LAUDERDALE, FL 33311 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 CEO
Name OSGOOD, DR. ROSALIND
Address 401 NW 9TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33311

Title C
Name RUDOLPH, SHERRY
Address 401 NW 9TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33311

Title TREA
Name BENNEFIELD, JACQUE
Address 401 NW 9TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33311

Title VC
Name MORGAN, GEORGE
Address 401 NW 9TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33311

Title SEC
Name BROWN, LINDA
Address 401 NW 9TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33076

Title PARLIAMENTARIAN
Name SMITH, BRILLA
Address 401 NW 9TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33311

Title CHAPLAIN
Name LUMPKINS, HENRY
Address 401 NW 9TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33311

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: DR. ROSALIND OSGOOD

CEO

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date