

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005389

**Entity Name:** MOUNT OLIVE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1530 NW 6TH STREET  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

1530 NW 6TH STREET  
FT. LAUDERDALE, FL 33311 US

**FEI Number:** 65-0548855

**Certificate of Status Desired:** Yes

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

OSGOOD, ROSALIND  
1530 NW 6TH STREET  
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        1530 NW 6TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33311

Title            TREA  
Name            BENNEFIELD, JACQUE  
Address        1530 NW 6TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33311

Title            C  
Name            BROWN, LINDA  
Address        1530 NW 6TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33311

Title            SEC  
Name            MANN, JOHNAE  
Address        1530 NW 6TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33076

*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**

**CHIEF EXECUTIVE  
OFFICER**

**01/18/2024**

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

\_\_\_\_\_  
Date