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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769071**

1. Corporation Name

MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH O F FORT MYERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2754 ORANGE AVE<br>PO BOX 1512<br>FORT MYERS FL 33902-8512<br>US | 2754 ORANGE AVE<br>PO BOX 1512<br>FORT MYERS FL 33902-8512 |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualifed
06/23/1983

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAYO, GEORGE
3249 C STREET
FT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE George Mayo GEORGE MAYO 3-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STOCKTON, ALAN B. | | 1.2 NAME | | |
| STREET ADDRESS | 11 KINGSMAN CIR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARRETT, HORACE N. SR. | | 2.2 NAME | | |
| STREET ADDRESS | 2910 DUNBAR AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELLS, LOVIE SR. | | 3.2 NAME | | |
| STREET ADDRESS | 2931 LAFAYETTE ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FARMER, NORMAN | | 4. 2 NAME | | |
| STREET ADDRESS | 3011 APACHE ST. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MAYO, GEORGE | | 5.2 NAME | | |
| STREET ADDRESS | 3249 "C" T ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BALDWIN, JAMES | | 6.2 NAME | | |
| STREET ADDRESS | 421 LAKE AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alan B Stockton ALAN B STOCKTON Feb 28, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #