

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769071

1. Entity Name

MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH O

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90048 016 ****70.00

Principal Place of Business

Mailing Address

2754 ORANGE AVE
 PO BOX 1512
 FORT MYERS FL 33902-8512
 US

2754 ORANGE AVE
 PO BOX 1512
 FORT MYERS FL 33902-1512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYO, GEORGE
 3249 C STREET
 FT MYERS FL 33916

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

George Mayo

GEORGE MAYO

4-30-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 STOCKTON, ALAN B.
 11 KINGSMAN CIR
 FORT MYERS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 WELLS, LOVIE SR.
 2931 LAFAYETTE ST.
 FORT MYERS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 FARMER, NORMAN
 3011 APACHE ST.
 FORT MYERS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 MAYO, GEORGE
 3249 C ST.
 FORT MYERS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 BALDWIN, JAMES
 421 LAKE AVE
 LEHIGH ACRES FL 33936

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan B. Stockton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)