2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 769071

1. Entity Name
MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH OF FORT MYERS, INC.

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 33902-8512

04202007 No Chg-NP CR2E037 (4/06)

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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

MAYO, GEORGE
3249 C STREET
FT MYERS, FL 33916

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: George Mayo TRUSTEE 4/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	STOCKTON, ALAN B.
STREET ADDRESS	11 KINGSMAN CIR
CITY-ST-ZIP	FORT MYERS, FL
TITLE	T
NAME	CARTER, WILMER
STREET ADDRESS	3408 WILLARD ST
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	T
NAME	SIMPSON, RICHARD
STREET ADDRESS	346 MELODY CT
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	T
NAME	MAYO, GEORGE
STREET ADDRESS	3249 "C" T ST.
CITY-ST-ZIP	FORT MYERS, FL
TITLE	T
NAME	WASHINGTON, WALLACE
STREET ADDRESS	30 SW 15TH TERR
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80105-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Alan B. Stockton 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #