2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 745046

Entity Name: GREATER MOUNT OLIVE AME CHURCH OF MERRITT ISLAND, INC.

Current Principal Place of Business:

1240 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 540072
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3474086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MARY L
1240 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VICKERS, BARBARA
Address: 287 MARION PL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD ( ) Delete
Name: CONEY, JAMES A III
Address: 205 PALMETTO AVE, 101
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T ( ) Delete
Name: MANNING, TRACEY
Address: PO BOX 540072
City-St-Zip: MERRITT ISLAND, FL 329540072

Title: D ( ) Delete
Name: CONEY, VIRGINIA I.
Address: 440 OXFORD AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S ( ) Delete
Name: WILLIAMS, MARY L
Address: 555 SAWYER AVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY L. WILLIAMS S 04/06/2009
Electronic Signature of Signing Officer or Director — Date