

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706734

FILED
Jan 07, 2008
Secretary of State

Entity Name: MOUNT OLIVE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

745 WOODS AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

REV. DR. UYLEE R. WAUGH
381 IOWA WOODS CR. W.
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 58-1209468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAUGH, UYLEE R
381 IOWA WOODS CIRCLE WEST
ORLANDO, FL 32824 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: WAUGH, UYLEE R
Address: 381 IOWA WOODS CIRCLE WEST
City-St-Zip: ORLANDO, FL 32824

Title: TD () Delete
Name: WILSON, HOWARD
Address: 3340 COLEMAN PLACE
City-St-Zip: ORLANDO, FL 32805

Title: SD () Delete
Name: WILLIAMS, GLORIA
Address: 2023 MESSINA AVE
City-St-Zip: ORLANDO, FL 32811

Title: TD () Delete
Name: JACKON, WALTER
Address: 453 WOLCOTT PLACE
City-St-Zip: ORLANDO, FL 32805

Title: TT () Delete
Name: SMITH, GEORGE
Address: 7032 COUPERIN BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: CTT () Delete
Name: DAVIS, LARONE
Address: 2632 ROBERT TRENT JONES DR.
City-St-Zip: ORLANDO, FL 32825

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
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Title: () Change () Addition
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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: UYLEE R. WAUGH

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date