

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706734

FILED  
Feb 17, 2009  
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: TD (X) Change ( ) Addition  
Name: WILSON, ETHEL  
Address: 3340 COLEMAN PLACE  
City-St-Zip: ORLANDO, FL 32805

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: REV. DR. UYLEE R. WAUGH

PD

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date