

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706734

FILED
Mar 14, 2011
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. JERMAINE MARSHALL
745 WOODS AVENUE
ORLANDO, FL 32805

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARSHALL, JERMAINE J REV.
745 WOODS AVENUE
ORLANDO, FL 32805 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
Name: MARSHALL, JERMAINE J
Address: 745 WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: TD
Name: DAVIS, LARONE
Address: 1073 WICKERWOOD STREET
City-St-Zip: OCOEE, FL 34761

Title: SD
Name: WILSON, ETHEL
Address: 3340 COLEMAN PLACE
City-St-Zip: ORLANDO, FL 32805

Title: TD
Name: JACKSON, WALTER
Address: 453 WOLCOTT PLACE
City-St-Zip: ORLANDO, FL 32805

Title: TT
Name: WINSTON, TERRIS
Address: 745 WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: CTT
Name: HOLLIMON, ANTHONY
Address: 745 WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: LARONE T.DAVIS

TD

03/14/2011

Electronic Signature of Signing Officer or Director

_____ Date