

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706734

**FILED**  
**Jan 08, 2012**  
**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 DAVIS

MS

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date