2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90190 004 ****61.25

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60033773

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

Principal Place of Business	Mailing Address
1240 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953 US	P. O. BOX 540072 MERRITT ISLAND, FL 32954 US

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3474086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, HENRY L. 1260 N TROPICAL TRAIL MERRITT ISLAND, FL 32953	Name: Williams, Mary L. Street Address (P.O. Box Number is Not Acceptable): 1240 N. Tropical Trail City: Merritt Island FL Zip Code: 32953

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary L. Williams 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VICKERS, BARBARA 287 MARION PL MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOSS, GEORGE R 471 LINCOLN AVE MERRITT ISLAND, FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VD Coney, James A., III. 205 Palmetto Ave; 101; M.I., FL 32953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CURRY, JOE 1155 N. COURTENAY PKW; #D76 MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T Manning, Tracey P.O.Box 540072 Merritt Island, FL 32954-0072
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONEY, VIRGINIA I. 440 OXFORD AVE MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRACE, MADELYN 205 PALMETTO AVE., UNIT 101 MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S Williams, Mary L. 555 Sawyer Avenue Merritt Island, FL 32953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Williams 4/29/08 (321) 454-4797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #