

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:29

DOCUMENT # 758829 (6)

1. Corporation Name

MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH,  
OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
721 S.E. 8TH STREET GAINESVILLE FL 32601	721 S.E. 8TH STREET GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1981	3a. Date of Last Report 02/23/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, THELMA S  
721 S.E. 8TH STREET  
GAINESVILLE FL 32601

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, THELMA S	1.2 NAME	
STREET ADDRESS	721 S.E. 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, CAROLYN M	2.2 NAME	
STREET ADDRESS	5210 N.W. 24TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGO, GWENUEL W	3.2 NAME	
STREET ADDRESS	721 S.E. 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, OTIS D	4.2 NAME	
STREET ADDRESS	1608 S.E. 28TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ORIAN V	5.2 NAME	
STREET ADDRESS	5834 N.E. 39TH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Thelma Shaw Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
Rev. Thelma Shaw Young

1/30/95

378-9051 or 375-3219