## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

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

758829

Principal Place of Business Mailing Address 721 S.E. 8TH STREET 721 S.E. 8TH STREET GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date incorporated or Qualified 3a. Date of Last Report 02/09/1995 06/18/1981 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 2a. NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζφ Florida Statutes Yes 🔀 No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, THELMA S 82 721 S.E. 8TH STREET 83 **GAINESVILLE FL 32601** 85 Zip Code City 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stgnature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TILLE 1.2 NAME YOUNG, THELMA S NAME 721 S.E. 8TH STREET 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP GAINESVILLE FL 32601 CITY - S1 - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME TUCKER, CAROLYN M 2.3 STREET ADDRESS 5210 N.W. 24TH PLACE STREET ADDRESS 2 4 CHTY-ST-ZIP GAINESVILLE FL 32606 CITY - ST - ZIF Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME MINGO, GWENUEL W NAME 3.3 STREET ADDRESS 721 S.E. 8TH STREET STREET ADDRESS 3 4. CITY - ST - ZIP Gainesville Fl CITY-S1-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME STOVER, OTIS D NAME 4.3 STREET ADDRESS **8**000001738218 1606 S.E. 28TH PLACE STREET ADDRESS -03/11/96--01010-4.4 CITY - ST - ZIP **GAINESVILLE FL 32601** CITY-S1-ZIP ☐ Addition DELETE 51 TITLE \*\*\*61.25 TITLE 5.2 NAME JONES, ORIAN V NAME 5.3 STREET ADDRESS 5834 N.E. 39TH BLVD. STREET ADDRESS

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 119.07(3)(k). 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 cath; 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.

5.4 CITY - ST- ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY - S1 - ZIF

STREET ADDRESS

TITLE

NAME

**GAINESVILLE FL 32609** 

DELETE

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Change

(12/95)CR2E037