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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 32601-7031

3. Date Incorporated or Qualified 06/18/1981  
3a. Date of Last Report 03/08/1996  
4. FEI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
YOUNG, THELMA S  
721 S.E. 8TH STREET  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent  
81 Name Oliver Simmons  
82 Street Address (P.O. Box Number is Not Acceptable) 721 S. E. 8th Street  
83  
84 City Gainesville, FL 85 Zip Code 32601

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 *Oliver Simmons* Rev. Oliver Simmons 1/30/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  DELETE  
NAME YOUNG, THELMA S  
STREET ADDRESS 721 S.E. 8TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32601  
TITLE D  DELETE  
NAME TUCKER, CAROLYN M  
STREET ADDRESS 5210 N.W. 24TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32606  
TITLE D  DELETE  
NAME MINGO, GWENUEL W  
STREET ADDRESS 721 S.E. 8TH STREET  
CITY-ST-ZIP GAINESVILLE FL  
TITLE D  DELETE  
NAME STOVER, OTIS D  
STREET ADDRESS 1608 S.E. 28TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32601  
TITLE D  DELETE  
NAME JONES, ORIAN V  
STREET ADDRESS 5834 N.E. 39TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32609  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD  Change  Addition  
1.2 NAME SIMMONS, OLIVER  
1.3 STREET ADDRESS 721 S. E. 8TH STREET  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32601  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Oliver Simmons* Der Simmons 1/30/97 (352) 378-9051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)