


FILE NOW: FILING FEE IS \$61.25

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90013 024 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758829					
1. Corporation Name MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, OF GAINESVILLE, FLORIDA, INC.					
Principal Place of Business 721 S.E. 8TH STREET GAINESVILLE FL 32601			Mailing Address 721 S.E. 8TH STREET GAINESVILLE FL 32601		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO BOX 141448		06/18/1981	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23		28 Gainesville FL		NOT APPLICABLE	
24 Zip		29 32614		5. Certificate of Status Desired	
25 Country		30 Alachua		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMMONS, OLIVER 721 S.E. 8TH STREET GAINESVILLE FL 32601				81 Name CREWS, JAMES			
				82 Street Address (P.O. Box Number is Not Acceptable) 721 SE 8TH STREET			
				83			
				84 City GAINESVILLE			
				85 Zip Code FL 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 James Crews

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, OLIVER			1.2 NAME	CREWS, JAMES		
STREET ADDRESS	721 S.E. 8TH STREET			1.3 STREET ADDRESS	721 SE 8TH STREET		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	GAINESVILLE FL 32601		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINGO, GWENUEL W			2.2 NAME			
STREET ADDRESS	721 S.E. 8TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOVER, OTIS D			3.2 NAME			
STREET ADDRESS	1606 S.E. 28TH PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, ORIAN V			4.2 NAME			
STREET ADDRESS	5834 N.E. 39TH BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Orain V Jones

SIGNATURE REQUIRED

Date

3/19/99

Daytime Phone #

(852) 372-5925