

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90107 029 \*\*\*\*61.25

**DOCUMENT # 758829**

1. Entity Name

**MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH,**

Principal Place of Business

**721 S.E. 8TH STREET  
 GAINESVILLE FL 32601**

Mailing Address

**PO BOX 141448  
 GAINESVILLE FL 32614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CREWS, JAMES  
 721 S.E. 8TH STREET  
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **Willie S. Cook Sr.**

Street Address (P.O. Box Number is Not Acceptable)

**721 S.E. 8th Street**

City **Gainesville**

**FL**

Zip Code **32601**

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.

SIGNATURE

**Rev Willie S. Cook**

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

(NOTE: Registered Agent signature required when reinstating)

**3-30-01**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **CREWS, JAMES**  
 STREET ADDRESS **721 S.E. 8TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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 **1606 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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

**ROBERTA REED COOK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-01**

Date

**(352) 375-3219**

Daytime Phone #

CR2E037 (10/00)