

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0020740

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

C0040973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Willie S. Cook Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CREWS, JAMES	721 S.E. 8TH STREET	GAINESVILLE FL 32601	<input checked="" type="checkbox"/>
D	MINGO, GWENUEL W	721 S.E. 8TH STREET	GAINESVILLE FL	<input type="checkbox"/>
D	STOVER, OTIS D	1606 S.E. 28TH PLACE	GAINESVILLE FL 32601	<input type="checkbox"/>
D	JONES, ORIAN V	5834 N.E. 39TH BLVD.	GAINESVILLE FL 32609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie S. Cook Sr.

Date

Daytime Phone #

3-30-01

(352) 375-3219

CR2E037 (10/00)