

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90009 040 ****61.25

DOCUMENT # 758829

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, WILLIE J SR
721 S.E. 8TH STREET
GAINESVILLE FL 32601

Name
Rev. La'Tanya Warren Floyd

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.

Rev. La'Tanya Warren Floyd

SIGNATURE *La'Tanya Warren Floyd*

1-29-2002

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D MINGO, GWENUEL W**
 STREET ADDRESS **721 S.E. 8TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STOVER, OTIS D**
 STREET ADDRESS **1606 S.E. 28TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JONES, ORIAN V**
 STREET ADDRESS **5834 N.E. 39TH BLVD.**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D FILER, VIVIAN**
 STREET ADDRESS **1636 S. E. 13 Place- GAINESVILLE, FL 32641**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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: *La'Tanya Warren Floyd* **Rev. La'Tanya Warren Floyd** 1-29-2002 (352) 378-905
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)