


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 758829

1. Entity 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 PO BOX 141448 GAINESVILLE, FL 32614
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, HUDSON REV.
721 S.E. 8TH STREET
GAINESVILLE, FL 32601

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000143011 04/30/04-80074-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINGO, GWENUEL W
STREET ADDRESS	721 S.E. 8TH STREET
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	STOVER, OTIS D
STREET ADDRESS	1606 S.E. 28TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	JONES, ORIAN V
STREET ADDRESS	5834 N.E. 39TH BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	FILER, VIVIAN
STREET ADDRESS	1836 SW 13 PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Hudson Williamson* **Hudson Williamson** **4/29/04** **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **378-9051**
Pastor