


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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04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMSON, HUDSON REV. 721 S.E. 8TH STREET GAINESVILLE, FL 32601	
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**DO NOT WRITE
IN THIS SPACE**

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. ☐ \$5.00 May Be
Added to Fees

U000000143011
04/30/04-80074-025 61 25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGO, GWENUEL W 721 S.E. 8TH STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, OTIS D 1606 S.E. 28TH PLACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ORIAN V 5834 N.E. 39TH BLVD. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILER, VIVIAN 1636 SW 13 PLACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 4/29/04 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pastor Date 378-9051 Daytime Phone #