


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90021 005 \*\*\*\*61.25

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<b>DOCUMENT # 758829</b>					
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			
2. Principal Place of Business		3. Mailing Address 721 S. E. 8 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gainesville, FL		4. FEI Number NOT APPLICABLE	
Zip		Zip 32601		Country USA	
Country		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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
FL			FL		
Zip Code			Zip Code		
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 <i>Hudson Williamson</i>		Rev. Hudson Williamson		1/26/2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINGO, GWENUEL W		NAME		
STREET ADDRESS	721 S.E. 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOVER, OTIS D		NAME		
STREET ADDRESS	1606 S.E. 28TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, ORIAN V		NAME		
STREET ADDRESS	5834 N.E. 39TH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILER, VIVIAN		NAME		
STREET ADDRESS	1636 SW 13 PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: <i>Hudson Williamson</i>		1/26/2005		352-378-9051	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Hudson Williamson, Pastor

(352) 378-9051