


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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**

40010041



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
721 S. E. 8 Street
 Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State
Gainesville, FL

Zip Country
32601 USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Hudson Williamson **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. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MINGO, GWENUEL W	
STREET ADDRESS	721 S.E. 8TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER, OTIS D	
STREET ADDRESS	1606 S.E. 28TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ORIAN V	
STREET ADDRESS	5834 N.E. 39TH BLVD.	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILER, VIVIAN	
STREET ADDRESS	1636 SW 13 PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Hudson Williamson **1/26/2005** **352-378-9051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #