

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**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  
**721 S.E. 8TH STREET  
GAINESVILLE, FL 32601**



04252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	FILER, VIVIAN
STREET ADDRESS	1636 SW 13 PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000739055  
05/14/07-80008-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/07*  
Date

Daytime Phone #