

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# 758829

**Entity Name:** MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, OF GAINESVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

721 S.E. 8TH STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

721 S.E. 8TH STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      MINGO, GWENUEL W  
Address:                      721 S.E. 8TH STREET  
City-St-Zip:                      GAINESVILLE, FL

Title:                      D                      ( ) Delete  
Name:                      STOVER, OTIS D  
Address:                      1606 S.E. 28TH PLACE  
City-St-Zip:                      GAINESVILLE, FL 32601

Title:                      D                      ( ) Delete  
Name:                      FILER, VIVIAN  
Address:                      1636 SW 13 PLACE  
City-St-Zip:                      GAINESVILLE, FL 32641

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. HUDSON WILLIAMSON

RA

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date