

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 769071	
1. Entity Name MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH OF FORT MYERS, INC.	
Principal Place of Business 2754 ORANGE AVE PO BOX 1512 FORT MYERS, FL 33902-8512 US	Mailing Address 2754 ORANGE AVE PO BOX 1512 FORT MYERS, FL 33902-8512



DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAYO, GEORGE 3249 C STREET FT MYERS, FL 33916
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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 George Mayo (NOTE: Registered Agent signature required when reinstating) DATE 4/8/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOCKTON, ALAN B. 11 KINGSMAN CIR FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLS, LOVIE SR. 2931 LAFAYETTE ST. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, ADAMS 3103 ST. CHARLES ST. FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYO, GEORGE 3249 "C" T ST. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, SYLVESTER 3049 ST. CHARLES ST. FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300742
04/13/05-80003-013 70.00

**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: Edythe H. Mayo, Sec. - Edythe H. Mayo DATE 4/8/05 DAYTIME PHONE # 239-939-4949