

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

FILED
May 16, 2008 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**



05132008 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

**MAYO, GEORGE
3249 C STREET
FT MYERS, FL 33916**

**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 **George MAYO**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/1/08
DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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
LAKE, EDWARD C
2740 SOARING HAWK DR.
FT. MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CARTER, WILMER
3408 WILLARD ST
FORT MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SIMPSON, RICHARD
346 MELODY CT
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
WASHINGTON, WALLACE
30 SW 15TH TERR
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000951853
06/04/08-80055-005 70.00

**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:

Edward C. Lake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/08