

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769071

FILED
May 30, 2009
Secretary of State

Entity Name: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH OF FORT MYERS, INC.

Current Principal Place of Business:

2754 ORANGE AVE
PO BOX 1512
FORT MYERS, FL 339028512 US

New Principal Place of Business:

2754 ORANGE AVE
FORT MYERS, FL 33916 US

Current Mailing Address:

2754 ORANGE AVE
PO BOX 1512
FORT MYERS, FL 339028512

New Mailing Address:

2754 ORANGE AVE
FORT MYERS, FL 33916 US

FEI Number: 59-2452262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYO, GEORGE
3249 C STREET
FT MYERS, FL 33916 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: TD () Delete
Name: LAKE, EDWARD C
Address: 2740 SOARING HAWK DR.
City-St-Zip: FT. MYERS, FL 33905

Title: T () Delete
Name: CARTER, WILMER
Address: 3408 WILLARD ST
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: SIMPSON, RICHARD
Address: 346 MELODY CT
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: MAYO, GEORGE
Address: 3249
City-St-Zip: FORT MYERS, FL

Title: T () Delete
Name: WASHINGTON, WALLACE
Address: 30 SW 15TH TERR
City-St-Zip: CAPE CORAL, FL 33991

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:

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. EDDIE LAKE

DIR.

05/30/2009

Electronic Signature of Signing Officer or Director

Date