

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 06, 2009
Secretary of State

DOCUMENT# N00000006830

Entity Name: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2525 WEST CHURCH STREET
ORLANDO, FL 32805**New Principal Place of Business:****Current Mailing Address:**2525 WEST CHURCH STREET
ORLANDO, FL 32805**New Mailing Address:****FEI Number:** 58-2167762**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRUTCHER, MARK E PASTOR
2525 WEST CHURCH STREET
ORLANDO, FL 32805 US**Name and Address of New Registered Agent:**YOUNG, MCKINLEY BISHOP
2525 WEST CHURCH STREET
ORLANDO, FL 32805 US

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: MCKINLEY YOUNG

07/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRUTCHER, MARK E PASTOR
Address: 2525 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: GRIMMAGE, WILLIE
Address: 2525 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: DT () Delete
Name: FULLER, VERNON
Address: 2525 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: ANDREWS, DENISE
Address: 2525 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

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:

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: MARK E. CRUTCHER

DP

07/06/2009

Electronic Signature of Signing Officer or Director

Date