


2004 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>NO 160000 3475</u>	
1. Entity Name <u>New Mt. Olive A.M.E. Church, Inc.</u>	

FILED
04 AUG 06 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>New Mt. Olive AME Church</u>	3. Mailing Address <u>P.O. Box 752</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Avon Park, FL.</u>	City & State <u>Avon Park, FL.</u>
Zip <u>33825</u>	Zip <u>33826-0752</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>59-2546632</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>WILLIAM DICKEY JR.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>415 TULANE DR.</u>	
City <u>AVON PARK</u>	FL Zip Code <u>33825</u>

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 W. Dickey Jr. (NOTE: Registered Agent signature required when reinstating) DATE 8-2-04

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PRO TEM	<u>WILLIAM DICKEY JR.</u>		
STREET ADDRESS	<u>415 TULANE DR.</u>		
CITY-ST-ZIP	<u>AVON PARK, FL. 33825</u>		
TITLE	<u>Treasure</u>		
NAME	<u>Bobby J. Kirkland</u>		
STREET ADDRESS	<u>326 E. Washington St</u>		
CITY-ST-ZIP	<u>AVON PARK, FL. 33825</u>		
TITLE	<u>Financial Secretary</u>		
NAME	<u>Margaret E. Cooper</u>		
STREET ADDRESS	<u>401 West Edge wood Street</u>		
CITY-ST-ZIP	<u>Avon Park, FL. 33825</u>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Margaret Cooper Margaret Cooper 08/02/04 863)452-2193

CR2E037B (12/02)