

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008379

FILED
Jan 26, 2012
Secretary of State

Entity Name: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC. OF BUSHNELL, FL

Current Principal Place of Business:

426 EAST SOUTHLAND AVENUE
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 729
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY BISHOP
101 EAST UNION STREET
SUITE 301
JACKSONVILLE, FL 32202 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: STD
Name: DUBOISE, MARGARET
Address: 313 EAST GEORGIA AVENUE
City-St-Zip: BUSHNELL, FL 33513 US

Title: STD
Name: BROWN, RUTH M
Address: 6703 CR 476A SOUTH
City-St-Zip: BUSHNELL, FL 33513 US

Title: TRT
Name: GAGE, RUDOLPH R
Address: 275 CR 552
City-St-Zip: BUSHNELL, FL 33513 US

Title: DR.
Name: WILLIAMS, FALECIA D
Address: 13510 LAKE CAWOOD DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: FALECIA D. WILLIAMS

DR.

01/26/2012

Electronic Signature of Signing Officer or Director

Date