

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010807

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, PLANT CITY, FL INCORPORATED

**Current Principal Place of Business:**

1115 WEST MADISON STREET  
PLANT CITY, FL 33564

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 786  
PLANT CITY, FL 33564

**New Mailing Address:**

**FEI Number:** 94-3489926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, MCKINLEY  
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: T  
Name: FOSTER, HENRY L  
Address: 1003 MAGWIRE STREET  
City-St-Zip: PLANT CITY, FL 33564

Title: O  
Name: MILLER, ROOSEVELT  
Address: 705 W. BALL STREET #8  
City-St-Zip: PLANT CITY, FL 33563

Title: S  
Name: BURNETT, DELPHINE  
Address: 2010 W WILLOW DRIVE  
City-St-Zip: PLANT CITY, FL 33564

Title: V  
Name: RICE, BOBBI  
Address: 8718 N. LARKHALL PLACE  
City-St-Zip: TAMPA, FL 33604

Title: P  
Name: MOSLEY, PATRICIA A  
Address: 1115 WEST MADISON STREET  
City-St-Zip: PLANT CITY, FL 33564

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: PATRICIA A. MOSLEY

PRES

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date