

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21424

FILED
Oct 22, 2004
Secretary of State**Entity Name:** MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**600 JONES STREET
CLEARWATER, FL 33755 US**New Principal Place of Business:****Current Mailing Address:**600 JONES STREET
CLEARWATER, FL 33755 US**New Mailing Address:****FEI Number:** 59-6583143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:**KEEL, JIMMIE B.
600 JONES STREET
CLEARWATER, FL 33755 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:** D () Delete
Name: KEEL, JIMMIE B.,
Address: 6705-32ND STREET
City-St-Zip: TAMPA, FL**Title:** S () Delete
Name: MONTANA, ELLIS M
Address: 1219 PALMETTO STREET
City-St-Zip: CLEARWATER, FL 33755**Title:** D () Delete
Name: PARKER, WILLIE
Address: 2916 PARKCREEK DRIVE
City-St-Zip: CLEARWATER, FL**Title:** D () Delete
Name: REMBERT, JAMES,
Address: 1400 OVERLEA STREET
City-St-Zip: CLEARWATER, FL 33755**Title:** S () Delete
Name: WADE, CHERYL
Address: 908 PENNSYLVANIA AVE
City-St-Zip: CLEARWATER, FL 33755**Title:** S () Delete
Name: CAMPELL, CHRIS
Address: 4875 AUGUSTA AVE.
City-St-Zip: OLDSMAR, FL 34677**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIMMIE B. KEEL

D

10/22/2004

Electronic Signature of Signing Officer or Director

Date