

N21424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

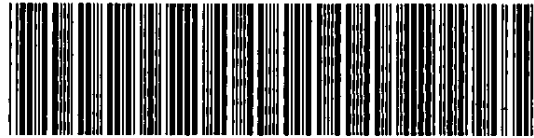
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600173364666

04/09/10--01009--010 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY -3 AM 11:52

R A / ch 8
@ 5.4.10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL Church, Inc.
Name of Corporation

DOCUMENT NUMBER: N 21424

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REV. LA'TANYA WARREN FLOYD

Name of Contact Person

MT. OLIVE A.M.E. CHURCH

Firm/Company

600 JONES STREET

Address

CLEARWATER, FL 33755

City/State and Zip Code

mtolivechurch1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. La'Tanya Warren Floyd

Name of Contact Person

at (727) 443-2142
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2010

REV. LATANYA WARREN FLOYD
MOUNT OLIVE AFRICIAN METHODIST
600 JONES STREET
CLEARWATER, FL 33755

SUBJECT: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.
Ref. Number: N21424

We have received your document for MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the date of incorporation and the document number in the spaces provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00010149

RECEIVED
2010 MAY -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2010

REV. LATANYA WARREN FLOYD
MT. OLIVE AFRICIAN METHODIST EPISCOPAL
600 JONES STREET
CLEARWATER, FL 33755

SUBJECT: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.
Ref. Number: N21424

We have received your document for MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete the form in its entirety to include the date of incorporation and the document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 210A00008849

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH
(NC)
2. The principal office address: 600 JONES STREET
CLEARWATER, FLORIDA 33755
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/1987 Document number: N21424
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rev. Ronald E. Williams

1421 So. Madison Avenue

Clearwater, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rev. La'Tanya Warren Floyd

1421 So. Madison Avenue

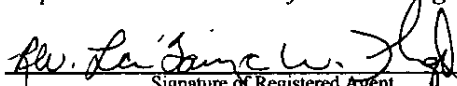
P.O. Box NOT acceptable

Clearwater, FL 33756

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY -3 AM 11:52

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____ <small>Signature of an officer or director</small>	<u>La'Tanya Warren Floyd, Pastor</u> <small>Printed or typed name and title</small>
<i>I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.</i>	
<u></u> <small>Signature of Registered Agent</small>	<u>April 5, 2010</u> <small>Date</small>

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)