

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21424

FILED
Apr 09, 2012
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 ()

Name and Address of Current Registered Agent:

WILLIAMS, REV. JAMES V
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: CORLIS CAMPBELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SP
Name: WILLIAMS, JAMES V
Address: 1421 S. MADISON AVE
City-St-Zip: CLEARWATER, FL 33756

Title: S
Name: MONTANA, ELLIS M
Address: 1219 PALMETTO STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: PARKER, WILLIE
Address: 2916 PARKCREEK DRIVE
City-St-Zip: CLEARWATER, FL

Title: D
Name: REMBERT, JAMES
Address: 1400 OVERLEA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: S
Name: CAMPBELL, CORLIS
Address: 4875 AUGUSTA AVE
City-St-Zip: OLDSMAR, FL 34677

Title: S
Name: CAMPELL, CHRIS
Address: 4875 AUGUSTA AVE.
City-St-Zip: OLDSMAR, FL 34677

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: CORLIS CAMPBELL

S

04/09/2012

Electronic Signature of Signing Officer or Director

Date