

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004934 (4)

1. Corporation Name

MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH,
JACKSONVILLE, FLORIDA, INC.



Principal Place of Business

840 FRANKLIN STREET
JACKSONVILLE FL 32206

Mailing Address

840 FRANKLIN STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNERLY, BENJAMIN
840 FRANKLIN STREET
JACKSONVILLE FL 32206

81 Name

Ava L. Parker

82

Street Address (P.O. Box Number is Not Acceptable)

112 West Adams Street

83

Suite 1814

84

City

Jacksonville

FL

85 Zip Code

32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ava L. Parker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CUMMINGS, FRANK C
STREET ADDRESS 112 W ADAMS ST SUITE 1814
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME PD
STREET ADDRESS CONE, CECIL W
CITY-ST-ZIP 840 FRANKLIN ST
JACKSONVILLE FL 32206

TITLE ☐ DELETE

NAME T
STREET ADDRESS KENNERLY, MACEO
CITY-ST-ZIP 3610 FREEMAN RD
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME SD
STREET ADDRESS KENNERLY, BENJAMIN
CITY-ST-ZIP 4305 BESSIE CIRCLE W
JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME VD
STREET ADDRESS HODGES, EUGENE SR
CITY-ST-ZIP 9532 PRIORY AVE
JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001802871
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***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Benjamin Kennerly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/97 904
768-8037

CR2E037 (12/95)