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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

Mailing Address

840 FRANKLIN STREET
JACKSONVILLE FL 32206

840 FRANKLIN STREET
JACKSONVILLE FL 32206-5951

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

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
APPLIED FOR 53-0204696

Applied For
Not Applicable

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

PARKER, AVA L
112 WEST ADAMS STREET
SUITE 1814
JACKSONVILLE FL 32202

81 Name
Ava L. Parker

82 Street Address (P.O. Box Number Is Not Acceptable)

83 603 Market Street

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME Cummings, Frank C.
1.3 STREET ADDRESS 40 East state street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME KENNERLY, MACEO
STREET ADDRESS 3810 FREEMAN RD
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cecil W. Cone 4-13-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004776

CP2E037 (9/96)