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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N95000004934

1. Corporation Name
Mount Olive African Methodist Episcopal Church
Jacksonville, Florida, Inc.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 10/18/95

4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business
21 841 Franklin Street
Suite, Apt. #, etc. 22 Jacksonville, Florida
City & State 23 Jacksonville, Flroida
Zip 24 32206 Country 25 Duval

2a. Mailing Address
26 P.O. Box 2625
Suite, Apt. #, etc. 27 Jacksonville, Florida
City & State 28 Jacksonville, Florida
Zip 29 32203 Country 30 Duval

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [XX] No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Parker, Ava L.
603 Market Street
Jacksonville, Florida 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 - type or print name of person signing) (NOTE: Registered Agent signature required when reinstating) DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Cummings, Frank C. 101 E. Union Street Jacksonville, Florida 32202 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cone, Cecil Wayne 841 Franklin Street Jacksonville, FL. 32206 [ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kennerly, Maceo 3610 Freeman Rd Jacksonville, FL. 32207 [X] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[X] Change [ ] Addition T Porter, Robert 3041 Trout River Blvd Jacksonville, FLorida 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hodges, Eugene 9532 Priory Ave Jacksonville, Fl. 32208 [ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kennerly Benjamin 4305 Bessie Circle W. Jacksonville, FL. 32209 [ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition 700002547007 -06/04/98--01010--011 ***70.00

CR2E037 (10/97)

14. I 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 Wayne Cone 5-17-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #