

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90089 001 *****8.75

04-01-1999 90089 002 *****61.25

DOCUMENT # N95000004934

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



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 841 Franklin Street

23 City & State
Jacksonville Florida

24 Zip Country
32206 America

2a. Mailing Address

26 Suite, Apt. #, etc.
27 841 Franklin Street

28 City & State
Jacksonville, Florida

29 Zip Country
32206 America

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

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

9. Name and Address of Current Registered Agent

PARKER, AVA L
603 MARKET ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
Ava L. Parker
82 Street Address (P.O. Box Number is Not Acceptable)
200 W. Forsyth Street, Suite 800
83
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*

08-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME CUMMINGS, FRANK C
STREET ADDRESS 101 E. UNION ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD
NAME CONE, CECIL W
STREET ADDRESS 841 FRANKLIN ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE T
NAME PORTER, ROBERT
STREET ADDRESS 3041 TROUT RIVER BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

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

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

TITLE
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Dr. Cecil Wayne Cone* 4/7/99 904-354 6045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)