

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004934

1. Entity Name

MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH,

Principal Place of Business

841 FRANKLIN STREET
JACKSONVILLE FL 32206

Mailing Address

841 FRANKLIN STREET
JACKSONVILLE FL 32206-5952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PARKER, AVA L
200 W. FORSYTH STREET
SUITE 800
JACKSONVILLE FL 32202

4. FEI Number

53-0204696

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecil Wayne Cone

4/24/00

(904) 354-6085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

#N95000004934
AUG 5 2005

Mount Olive AME Church

Cecil Wayne Cone, Ph.D.
Theologian-Pastor
841 Franklin Street
Jacksonville, Florida 32206

Telephone 904-354-6085

April 25, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #N95000004934

To Whom It May Concern:

Please be informed that Mt. Olive AME Church's FEI/EIN has been changed
to: **59-3596471**.

Please adjust Block #4 to read as 59-3596471.

Thank you.

Sincerely,



Rev. Dr. Cecil Wayne Cone
Pastor

attachment