

# 2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596471

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

101 E UNION ST  
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME Adams, John Hurst  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 W. Cone 5/15/01 (904) 354-6045

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91551 005 \*\*\*\*69.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)