

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90163 015 \*\*\*\*61.25

**DOCUMENT # N95000004934**

1. Entity Name

**MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH,  
JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

**841 FRANKLIN STREET  
JACKSONVILLE FL 32208**

Mailing Address

**841 FRANKLIN STREET  
JACKSONVILLE FL 32208**

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

**PARKER, AVAL  
101 E. UNION ST.  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Rev. Granville W. Reed, III**

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

**841 Franklin St.**

City

**Jacksonville**

**FL**

Zip Code  
**32206**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Granville W. Reed, III*

**Granville W. Reed, III**

**3-8-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GRANVILLE, REED W III**  
STREET ADDRESS **2002 MT. HERMAN ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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 **D** ☐ Delete  
NAME **ANDERSON, BERTHA**  
STREET ADDRESS **5064 JIES CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☐ Addition  
NAME **REED, III, GRANVILLE W**  
STREET ADDRESS **2002 Mt. HERMAN ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Granville W. Reed, III*

**Granville W. Reed, III**

**904.354.6085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)