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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 764833

1. Corporation Name

ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, FLORIDA, INC.

Principal Place of Business

1201 NW 111 ST.  
 MIAMI FL 33167  
 US

Mailing Address

1201 NW 111 ST.  
 MIAMI FL 33167  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/03/1982

4. FEI Number

65-0066522

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

INGRAM, ROBERT B  
 1155 SHARAR AVE.  
 OPA LOCKA FL 33054

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

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 PD  DELETE  
 NAME INGRAM, ROBERT B  
 STREET ADDRESS 1155 SHARAR AVE.  
 CITY-ST-ZIP OPA LOCKA FL 33054

TITLE VD  DELETE  
 NAME COLLINS, ANNIE PEARL  
 STREET ADDRESS 13021 NW 20 AVE.  
 CITY-ST-ZIP MIAMI FL 33167

TITLE SD  DELETE  
 NAME JONES, LAURA  
 STREET ADDRESS 2851 NW 209 TERRACE  
 CITY-ST-ZIP MIAMI FL 33056

TITLE SD  DELETE  
 NAME JOHNSON, ROSE  
 STREET ADDRESS 1369 NW 69 ST.  
 CITY-ST-ZIP MIAMI FL 33147

TITLE VD  DELETE  
 NAME SMALL, ARTHUR  
 STREET ADDRESS 2325 BUNCHE SCHOOL DR.  
 CITY-ST-ZIP OPA LOCKA FL 33054

TITLE VD  DELETE  
 NAME WILCOX, CHARLES  
 STREET ADDRESS 3450 NW 175 ST  
 CITY-ST-ZIP MIAMI FL 33056

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: *Laura Jones (Laura Jones)* Jan. 17, 1999 305-621-4319  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)