

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90308 041 \*\*\*\*61.25

**DOCUMENT # 764833**

1. Entity Name

**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH**

Principal Place of Business

Mailing Address

1201 NW 111 ST.  
 MIAMI FL 33167  
 US

1201 NW 111 ST.  
 MIAMI FL 33167-4027  
 US

802210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0066522

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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:**  
**FEES 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	PD	<input type="checkbox"/> Delete
NAME	INGRAM, ROBERT B	
STREET ADDRESS	1155 SHARAR AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, LAURA	
STREET ADDRESS	2851 NW 209 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSE	
STREET ADDRESS	1369 NW 69 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMALL, ARTHUR	
STREET ADDRESS	2325 BUNCHE SCHOOL DR.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, CHARLES	
STREET ADDRESS	3450 NW 175 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1369 N.W. 69 Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel L. Gay, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 N.E. 162 Street	
CITY-ST-ZIP	Miami, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Laura Jones* (Laura Jones)

Jan. 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)