

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# 764833

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

Current Principal Place of Business:

1201 NW 111 ST.
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

1201 NW 111 ST.
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0066522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POITIER, MARIE W
3131 NW 57 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POITIER, MARIE W
Address: 3131 NW 57 STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: JONES, LAURA
Address: 2851 NW 209 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: MITCHELL, CARNELLA
Address: 3360 NW 205 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VD () Delete
Name: GAY, SAMUEL L JR
Address: 20 N.E. 162 STREET
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JONES, LAURA
Address: 2851 NW 209 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA JONES

SD

03/02/2009

Electronic Signature of Signing Officer or Director

Date