

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 764833

1. Entity 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

DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

U000000053399
02/16/04-80127-009 70.00

10. OFFICERS AND DIRECTORS

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

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

TITLE VD
NAME JOHNSON, ROSE
STREET ADDRESS 1369 N.W. 69 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE VD
NAME GAY, SAMUEL L JR
STREET ADDRESS 20 N.E. 162 STREET
CITY-ST-ZIP MIAMI, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Feb. 12, 2004 305-621-4319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #