


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 041 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Poitier, Marie W.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3131 N.W. 57 Street</u> City <u>Miami</u> FL <u>33142</u>		
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 <u>Marie W. Poitier</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/20/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGRAM, ROBERT B <input type="checkbox"/> Delete 1155 SHARAR AVE. OPA LOCKA, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Poitier, Marie W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3131 N.W. 57 Street Miami, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, LAURA <input type="checkbox"/> Delete 2851 NW 209 TERRACE MIAMI, FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROSE <input type="checkbox"/> Delete 1369 N.W. 69 STREET MIAMI, FL 33147		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitchell, Carnella <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3360 N.W. 205 Street Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, SAMUEL L JR <input type="checkbox"/> Delete 20 N.E. 162 STREET MIAMI, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Laura Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Laura Jones <u>2/20/05</u> <u>305-621-4319</u> <small>Date Daytime Phone #</small>		

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