

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 764833 1. Entity Name ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, FLORIDA, INC.	
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Principal Place of Business 1201 NW 111 ST. MIAMI, FL 33167 US	Mailing Address 1201 NW 111 ST. MIAMI, FL 33167 US
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03202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 POITIER, MARIE W 3131 NW 57 STREET MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000479251
04/08/06-80039-017 701.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POITIER, MARIE W 3131 NW 57 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, LAURA 2851 NW 209 TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, CARNELLA 3360 NW 205 STREET MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, SAMUEL L JR 20 N.E. 162 STREET 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 exemptions contained 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 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 Mar 22, 2006 305-621-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #