


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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



03192007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

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**

UD00000673155
04/03/07-80027-010 61.25

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 3/21/07 305-621-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #