

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 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



02242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	

U00000843319
03/11/08-80063-030 61.25

**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 Feb. 26, 2008 305-
621-4319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #