


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

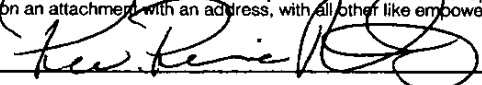
03-20-2006 90021 034 ****61.25

DOCUMENT # 767471							
1. Entity Name METROPOLITAN AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, FLORIDA, INC.							
Principal Place of Business 1778 NW69THSTREET MAM, FL 33147		Mailing Address 1778 NW69THSTREET MAM, FL 33147					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2351682			
				Applied For Not Applicable			
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
YOUNG, MCKINLEY REV 101 E UNION ST STE 301 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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. <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	CDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRITTON, RONNIE		NAME				
STREET ADDRESS	2315 NW 155TH ST		STREET ADDRESS				
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DESUE, THOMAS B		NAME				
STREET ADDRESS	101 E UNION ST STE 301		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP				
TITLE	VDT	<input checked="" type="checkbox"/> Delete	TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, MINNIE		NAME	FIELDS, LEROY			
STREET ADDRESS	13001 N.W. 21ST AVENUE		STREET ADDRESS	3115 N. W. 81st TERRACE			
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	MIAMI, FL 33147			
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	DUREN, OBIE			
STREET ADDRESS			STREET ADDRESS	7720 N. W. 15th AVENUE			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FLORIDA 33147			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				



01172006 Chg-NP CR2E037 (11/05)

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  **REV. RONNIE BRITTON** 3/12/06 (305) 688-1760
 DATE DAY TIME PHONE