

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011667

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ADAMS TABERNACLE OF FAITH A.M.E. CHURCH, INC.

**Current Principal Place of Business:**

16205 SW 49TH COURT  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

16205 SW 49TH COURT  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-2098530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BODISON, JOHN L  
12885 SW 189TH STREET  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: REV. ( ) Delete  
Name: PAYNE, JR., MELVIN PASTOR  
Address: 16205 SW 49TH COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: MS. ( ) Delete  
Name: COOPER, AURORA STEWARD  
Address: 14697 SW 33 COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: MR. ( ) Delete  
Name: KINLOCH, VINCENT TRUSTEE  
Address: 950 88 WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: MS. ( ) Delete  
Name: ANN, KNOWLES TRUSTEE  
Address: 3831 NW 174 STREET  
City-St-Zip: MIAMI, FL 33055

Title: MRS. ( ) Delete  
Name: HALL, DIANE TRUSTEE  
Address: 20011 NW 8TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MR. ( ) Delete  
Name: MOORE, WILLIE STEWARD  
Address: 1960 NW 191 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN PAYNE, JR.

REV.

04/29/2009

Electronic Signature of Signing Officer or Director

Date