

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06448

1. Entity Name

MARTIN MEMORIAL AFRICAN METHODIST EPISCOPAL CHUR

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90042 008 ****61 25

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Principal Place of Business Mailing Address								
14700 LINCOLN BLVD. MIAMI FL 33176-7432		14700 LINCOLN BLVD. MIAMI FL 33176-7432		I				
 					AN 8400 BUU BUBU BUBU BUBU IBU	AZBUL BIBUL BIBUL BIBUL BI	i il 818 11 1 88 1	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. FEI Numbe		1 14	oplied For	
Oily a State				4. FEINGINGE	59-2618835 Not Applie			
Zip	Country	- - Zip	**************************************	5. Certificate	of Status Desired	See Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regis	tered Agent		
			Name		•			
EWING, PEARCE REV.			Street Address (P.O. Box Number is Not Acceptable)					
	ICOLN BLVD.							
MIAMIFL	33176-7432		City			FL Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or re	egistered agent, or bot	h, in the state of Florida.	<u> </u>		
1	₹.	· · · · · · · · · · · · · · · · · · ·	9					
SIGNATURE								
)	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE		
		O Floring Compaign	Ciacacina	A= 00	Make O			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to d to Fees Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete	TITLE			☐ Change	□	
NAME STREET ADDRESS	EWING, PEARCE REV. 14740 LINCOLN BLVD.		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI_FL 33176	•	CITY-ST-ZIP					
TITLE .	T	☐ Delete	TITLE	· 		☐ Change	Additio	
NAME STREET ADDRESS	MURRAY, JAMES JR. 14380 CARVER DRIVE	يدمر چارېږي څخمې د ميم	NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
TITLE	TR POUGLAS	☐ Delete	TITLE			☐ Change	Additio	
NAME STREET ADDRESS	MCKINNON, DOUGLAS 11301 SW 155ST	·	NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP			<u>. </u>		
TITLE	V DODERT	☐ Delete	TITLE			☐ Change	Additio	
NAME STREET ADDRESS	MCKAY, ROBERT 15040 MONROE STREET		NAME STREET ADDRESS			•		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE NAME			☐ Change	☐ Additio	
NAME Street Address	FRYAR, EMANUEL 14961 LINCOLN BLVD		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
TITLE	S DECEMBER	☐ Delete	TITLE			☐ Change	Additio	
NAME STREET ADDRESS	GRACE, REGINA M 11250 WASHINGTON BLVD		NAME STREET ADDRESS					
CITY ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
	certify that the information supplied with	h this filing does not qualify for t	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I furti	her certify that the i	 nformation	

12. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 an an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED OR THE SIGNATURE AND TYPED OR TYPED O

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Daytime Phone #