

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90248 047 ****61.25

DOCUMENT # N06448

1. Entity Name
MARTIN MEMORIAL AFRICAN METHODIST EPISCOPAL
CHURCH, INC.



Principal Place of Business
14700 LINCOLN BLVD.
MIAMI, FL 33176-7432

Mailing Address
14700 LINCOLN BLVD.
MIAMI, FL 33176-7432



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2618835	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

EWING, PEARCE REV.
14740 LINCOLN BLVD.
MIAMI, FL 33176-7432

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EWING, PEARCE REV. 14740 LINCOLN BLVD. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURRAY, JAMES JR. 14380 CARVER DRIVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MCKINNON, DOUGLAS 11301 SW 155ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KINSEY, AL 11301 SW 1555T MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOLPHIN, KURTIS Willie Spells 15633 SW 96 TERRACE 11631 SW 128 Street MIAMI, FL 33196 Miami, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRACE, REGINA M 11250 WASHINGTON BLVD MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

Daytime Phone #