

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06448

FILED
Mar 15, 2005
Secretary of State

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

Current Principal Place of Business:

14700 LINCOLN BLVD.
MIAMI, FL 331767432

New Principal Place of Business:

Current Mailing Address:

14700 LINCOLN BLVD.
MIAMI, FL 331767432

New Mailing Address:

FEI Number: 59-2618835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, PEARCE REV.
14740 LINCOLN BLVD.
MIAMI, FL 331767432 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: PD () Delete
Name: EWING, PEARCE REV.
Address: 14740 LINCOLN BLVD.
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: MURRAY, JAMES JR.
Address: 14380 CARVER DRIVE
City-St-Zip: MIAMI, FL 33176

Title: TR () Delete
Name: MCKINNON, DOUGLAS
Address: 11301 SW 155ST
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: KINSEY, AL
Address: 11301 SW 1555T
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: SPELLS, WILLIE
Address: 11631 SW 128 STREET
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: GRACE, REGINA M
Address: 11250 WASHINGTON BLVD
City-St-Zip: MIAMI, FL 33176

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: PEARCE EWING

PD

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date