


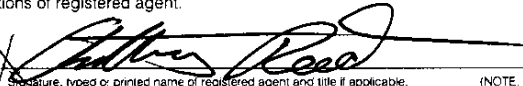
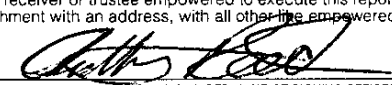
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 029 ****61.25

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2618835 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 <input type="checkbox"/>	
REED, ANTHONY REV. 14740 LINCOLN BLVD. MIAMI, FL 33176-7432				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	PA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, ANTHONY REV.		NAME		
STREET ADDRESS	14740 LINCOLN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES, MURRAY JR.		NAME	S Inez Gilliard	
STREET ADDRESS	14380 CARVER DRIVE		STREET ADDRESS	10960 SW 177th street	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami, FL 33157	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKINNON, DOUGLAS		NAME	S Patrick Wisdom	
STREET ADDRESS	14601 POLK STREET		STREET ADDRESS	1934 SE 22nd ct.	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Homestead, FL 33035	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CALONDRIA		NAME		
STREET ADDRESS	14301 S.W. 96 STREET, #708		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPELLS, WILLIE		NAME		
STREET ADDRESS	11631 SW 128 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILES, REGINA M		NAME		
STREET ADDRESS	11250 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
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 the empowered.					
SIGNATURE: 		Date: 4/24/07		Daytime Phone #: 305 251-6232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					