


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N06448 1. Entity Name MARTIN MEMORIAL AFRICAN METHODIST EPISCOPAL CHURCH, INC.	
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Principal Place of Business 14700 LINCOLN BLVD. MIAMI, FL 33176-7432	Mailing Address 14700 LINCOLN BLVD. MIAMI, FL 33176-7432
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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

40092096



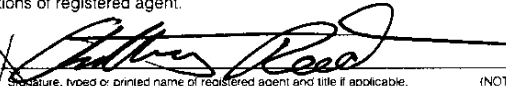
04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2618835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, ANTHONY REV. 14740 LINCOLN BLVD. MIAMI, FL 33176-7432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	PA REED, ANTHONY REV. 14740 LINCOLN BLVD. MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, MURRAY JR. 14380 CARVER DRIVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Inez Gilliard 10960 SW 177th Street Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input checked="" type="checkbox"/> Delete MCKINNON, DOUGLAS 14601 POLK STREET MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick Wisdom 1934 SE 22nd Ct. Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WILLIAMS, CALONDRIA 14301 S.W. 96 STREET, #708 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SPELLS, WILLIE 11631 SW 128 STREET MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete GILES, REGINA M 11250 WASHINGTON BLVD MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 305 Daytime Phone # **251-6232**