

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90051 012 \*\*\*\*61.25

<b>DOCUMENT # N06448</b> 1. Entity Name <b>MARTIN MEMORIAL AFRICAN METHODIST EPISCOPAL CHURCH, INC.</b>					
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	4. FEI Number <b>59-2618835</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REED, ANTHONY REV.</b> <b>14740 LINCOLN BLVD.</b> <b>MIAMI, FL 33176-7432</b>			7. Name and Address of New Registered Agent Name <b>Cynthia A. Everett</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 703</b> <b>7700 North Kendall Drive</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>		
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 <i>Cynthia A. Everett</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>Feb 19, 2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to: <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA <b>REED, ANTHONY REV.</b> <b>14740 LINCOLN BLVD.</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JAMES, MURRAY JR.</b> <b>14380 CARVER DRIVE</b> <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GILLIARD, INEZ</b> <b>10960 SW 177TH STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WILLIAMS, CALONDRIA</b> <b>14301 S.W. 96 STREET, #708</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WISDOM, PATRICK</b> <b>1954 SW 22ND CT.</b> <b>HOMESTEAD, FL 33035</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GILES, REGINA M</b> <b>11250 WASHINGTON BLVD</b> <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 <b>Ruth Taylor</b> <b>14900 Monroe Street</b> <b>Miami FL 33176</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Douglas McKinnon</b> <b>14621 Polk Street</b> <b>Miami, Florida 33176</b>				
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 like empowered.					
SIGNATURE: <i>Cheryl A. Hodge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/24/08</b> Daytime Phone # <b>305-251-6232</b>		

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Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25  
Due by May 1, 2008

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	PA	<input type="checkbox"/> Delete
NAME	REED, ANTHONY REV.	
STREET ADDRESS	14740 LINCOLN BLVD.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JAMES, MURRAY JR.	
STREET ADDRESS	14380 CARVER DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILLIARD, INEZ	
STREET ADDRESS	10960 SW 177TH STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CALONDRIA	
STREET ADDRESS	14301 S.W. 96 STREET, #708	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WISDOM, PATRICK	
STREET ADDRESS	1954 SW 22ND CT.	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILES, REGINA M	
STREET ADDRESS	11250 WASHINGTON BLVD	
CITY-ST-ZIP	MIAMI, FL 33176	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	3 Ruth Taylor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14900 Monroe Street	
CITY-ST-ZIP	Miami FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas McKinnon	
STREET ADDRESS	14621 Polk Street	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #