


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2008 90051 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2618835	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REED, ANTHONY REV. 14740 LINCOLN BLVD. MIAMI, FL 33176-7432			Name <i>Cynthia A. Everett</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>Suite 703</i>		
			<i>7700 North Kendall Drive</i>		
			City <i>Miami</i> FL Zip Code <i>33156</i>		
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>			DATE <i>Feb 19, 2008</i>		
Filing Fee is \$61.25 Due by May 1, 2008			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 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3 Ruth Taylor</i> <i>14900 Monroe Street</i> <i>Miami FL 33176</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLIARD, INEZ 10960 SW 177TH STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Douglas McKinnon</i> <i>24621 Polk Street</i> <i>Miami, Florida 33176</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, CALONDRIA 14301 S.W. 96 STREET, #708 MIAMI, FL 33186	<input checked="" 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	S WISDOM, PATRICK 1954 SW 22ND CT. HOMESTEAD, FL 33035	<input checked="" 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	S GILES, REGINA M 11250 WASHINGTON BLVD MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	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 like empowered.					
SIGNATURE: <i>Cheryl A. Hodge - Cheryl A. Hodge</i>			Date <i>1/24/08</i> Daytime Phone # <i>305-251-6232</i>		

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