

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N06448

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:

EVERETT, CYNTHIA A
7700 NORTH KENDALL DRIVE
STE. 703
MIAMI, FL 33156 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: PA () Delete
Name: REED, ANTHONY REV.
Address: 14740 LINCOLN BLVD.
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: TAYLOR, RUTH
Address: 14900 MONROE STREET
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: GILLIARD, INEZ
Address: 10960 SW 177TH STREET
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: MCKINNON, DOUGLAS
Address: 14621 POLK STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GILES, REGINA M
Address: 11250 WASHINGTON BLVD.
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
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 exemption stated 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 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: ANTHONY REED

PA

04/29/2009

Electronic Signature of Signing Officer or Director

Date