

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06448

FILED  
Feb 14, 2012  
Secretary of State

**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:**

14740 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:**

HILL, ISAIAH  
13901 JACKSON STREET  
MIAMI, FL 33176 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  
Name: REED, ANTHONY REV. DR  
Address: 14740 LINCOLN BLVD.  
City-St-Zip: MIAMI, FL 33176

Title: S  
Name: FRITH, SANDRA  
Address: 17430 SW 121ST AVENUE  
City-St-Zip: MIAMI, FL 33177

Title: S  
Name: TAYLOR, RUTH  
Address: 14900 MONROE STREET  
City-St-Zip: MIAMI, FL 33157

Title: S  
Name: DOVE, REGINALD  
Address: 14100 VAN BUREN STREET  
City-St-Zip: MIAMI, FL 33176

Title: S  
Name: CLARK, DEBORAH  
Address: 10771 SW 151ST STREET  
City-St-Zip: MIAMI, FL 33176

Title: T  
Name: LEAKS-GUITEREZ, PRECIOUS  
Address: 14740 LINCOLN BLVD  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY REED

PA

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date