

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2009  
Secretary of State**

DOCUMENT# N46980

Entity Name: AFRICAN AMERICAN COUNCIL OF CHRISTIAN CLERGY OF DADE COUNTY, INC.

**Current Principal Place of Business:**

6801 N.W. 15 AVENUE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

2261 NW 58TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 65-0439134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, WILLIE  
2261 NW 58TH STREET  
MIAMI, FL 33142      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: PD      ( ) Delete  
Name: THOMPSON, GREGORY  
Address: 6801 N.W. 15 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: VPD      ( ) Delete  
Name: JACKSON, DENNIS M  
Address: 6801 NW 15TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: VPD      ( ) Delete  
Name: WATSON, JOSPEH E  
Address: 6801 N.W. 15 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: TD      ( ) Delete  
Name: JONES, WILLIE J  
Address: 6801 N.W. 15 AVENUE  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIE J. JONES

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01/31/2009

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

\_\_\_\_\_  
Date