FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004270 (5)

1. Corporation Name

PHILIP R. COUSIN AFRICAN METHODIST EPISCOPAL CHU RCH, INC.

Principal Place of Business	Mailing Address
422 NW 54 STR MIAMI FL 33127 US	2467 NORTHWEST 99TH STREET MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1993	3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0262106	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation was liable for state tax under S. 220.222, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 14045 Jackson St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami, Fl.
Zip 24 / County 25	Zip 29 33176 / County 30 Dade

9. Name and Address of Current Registered Agent

KELLY, LEEOMIA W
2467 NORTHWEST 99TH ST.
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name: Johnson, Mary C. (Rev.)
82 Street Address (P.O. Box Number is Not Acceptable): 14045 Jackson Street
83
84 City: Miami, FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6-19-95
(Typed or printed name of registered agent and title if agent is corporation) (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	CUMMINGS, FRANK C	12 NAME	
13 STREET ADDRESS	112 W. ADAMS ST., SUITE 1814	13 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE FL 32202	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	HINSON, ID	22 NAME	
23 STREET ADDRESS	19255 NE 2ND AVE	23 STREET ADDRESS	
24 CITY ST ZIP	MAIMI FL	24 CITY ST ZIP	
31 TITLE	D	31 TITLE D	☒ Change ☐ Addition
32 NAME	KELLY, LEEOMIA W	32 NAME Johnson, Mary C.	
33 STREET ADDRESS	2467 NW 99STH ST	33 STREET ADDRESS 14045 Jackson Street	
34 CITY ST ZIP	MIAMI FL	34 CITY ST ZIP Miami, Florida, 33176	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-26-95 (305) 238-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

004777