

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004270 (5)

1. Corporation Name

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

Principal Place of Business

422 NW 54 STR
MIAMI FL 33127
US

Mailing Address

14045 JACKSON STREET
MIAMI FL 33176
US



3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 3865 N.W. 168 STREET

4. FEI Number
65-0262106

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL 33055

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip 25 Country 29 33055 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, MARY C
14045 JACKSON STREET
MIAMI FL 33176

81 Name
REV. JOAN A. WILLIAMS-HYMES

82 Street Address (P.O. Box Number is Not Acceptable)
3865 N.W. 168 STREET

83

84 City

MIAMI,

FL

85 Zip Code
33055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0603, Florida Statutes.

SIGNATURE *Rev. Joan A. Williams-Hymes*

(NOTE: Registered Agent signature required when re-registering)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE D
NAME CUMMINGS, FRANK C
STREET ADDRESS 112 W. ADAMS ST., SUITE 1814
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ DELETE

TITLE D
NAME HINSON, ID
STREET ADDRESS 19255 NE 2ND AVE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME JOHNSON, MARY C
STREET ADDRESS 14045 JACKSON STREET
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PRESIDING ELDER
C.E. STANDIFER
6400 S.W. 62nd TERRACE
SOUTH MIAMI, FL 33143 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
REVEREND
JOAN A. WILLIAMS-HYMES
3865 N.W. 168 STREET
MIAMI, FL 33055 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
300001810513
-05/07/96--01022--035
***\$1.25 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reverend Joan A. Williams-Hymes*

REVEREND JOAN A. WILLIAMS-HYMES

03-15-96

305-623-8221

Date

Daytime Phone

CR2E037 (12/95)