

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003648**

1. Entity Name

PRATT CHAPEL AFRICAN METHODIST EPISCOPAL INC.

Principal Place of Business

Mailing Address

**10711 S.W. 216TH STREET #122A
MIAMI FL 33189****10711 S.W. 216TH STREET #122A
MIAMI FL 33189**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0976746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COFFEY, BEVERLY J
12841 S.W. 216 TERR.
MIAMI FL 33189**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COFFEY, BEVERLY J	
STREET ADDRESS	12841 S.W. 216 TERR.	
CITY-ST-ZIP	MIAMI FL 33189	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RENETTA Y	
STREET ADDRESS	17430 N.E. 37 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, LINDA ANNALIE	
STREET ADDRESS	20176 S.W. 99 COURT	
CITY-ST-ZIP	MIAMI FL 33190	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, HATTIE	
STREET ADDRESS	26242 S.W. 139 AVE.	
CITY-ST-ZIP	NARANJA FL 33032	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRINGTON, LAWANDA	
STREET ADDRESS	17430 N.W. 37 AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	EPKINS, BRENDA	
STREET ADDRESS	10711 S.W. 216TH STREET #122A	
CITY-ST-ZIP	MIAMI FL 33189	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90278 037 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)