

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764833

Entity Name: ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH
OF MIAMI, FLORIDA, INC.**FILED**
Mar 15, 2016
Secretary of State
CC5066216320**Current Principal Place of Business:**1201 NW 111 ST.
MIAMI, FL 33167**Current Mailing Address:**1201 NW 111 ST.
MIAMI, FL 33167 US**FEI Number: 65-0066522****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**AMBEAU, VENSEN
15741 N.E. 12 AVENUE
NORTH MIAMI, FL 33162 US*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**Officer/Director Detail :**

Title	PD
Name	AMBEAU, VENSEN
Address	15741 N.E. 12 AVENUE
City-State-Zip:	NORTH MIAMI FL 33162
Title	VD
Name	MITCHELL, CARNELLA
Address	3360 NW 205 STREET
City-State-Zip:	MIAMI GARDENS FL 33056
Title	VD
Name	JONES, LANETTE
Address	18611 N.W. 8 COURT
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SD
Name	JONES, LAURA
Address	2851 NW 209 TERRACE
City-State-Zip:	MIAMI GARDENS FL 33056
Title	VD
Name	HALE, J. WALTER
Address	9300 N.W. 19 STREET
City-State-Zip:	PEMBROKE PINES FL 33024
Title	VD
Name	PRESSLEY, THEODORE
Address	1255 N.W. 127 STREET
City-State-Zip:	MIAMI FL 33168

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: LAURA JONES**SD****03/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date