

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767471

**Entity Name:** METROPOLITAN AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, FLORIDA, INC.

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**6884474187CC**

**Current Principal Place of Business:**

1778 N.W. 69TH STREET  
MIAMI, FL 33147

**Current Mailing Address:**

PO BOX 473506  
MIAMI, FL 33247 US

**FEI Number: 59-2351682**

**Certificate of Status Desired: No**

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

REID III, FRANK M REV.  
101 E UNION ST  
STE 301  
JACKSONVILLE, FL 32202 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: FRANK M. REID III**

**04/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name PINER, NATALIE  
Address P O BOX 473506  
City-State-Zip: MIAMI FL 33247

Title TRUSTEE, PRO TEM  
Name WILLIAMS, QUELENIA  
Address P O BOX 473506  
City-State-Zip: MIAMI FL 33247

Title STEWARD, PRO TEM  
Name DUREN, OBIE  
Address P O BOX 473506  
City-State-Zip: MIAMI FL 33247

Title TRUSTEE  
Name GILLARD, LOUIS  
Address P O BOX 473506  
City-State-Zip: MIAMI FL 33247

Title STEWARD  
Name GILLARD, FRANCES  
Address P O BOX 473506  
City-State-Zip: MIAMI FL 33247

*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: QUELENIA RENEE' WILLIAMS**

**TRUSTEE, PRO TEM**

**04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date