

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011667

**Entity Name:** ADAMS TABERNACLE OF FAITH A.M.E. CHURCH, INC.

**Current Principal Place of Business:**

20851 JOHNSON STREET  
UNIT #115&116  
MIRAMAR, FL 33029

**Current Mailing Address:**

20851 JOHNSON STREET  
UNIT #115&116  
MIRAMAR, FL 33029 US

**FEI Number:** 20-2098530

**Certificate of Status Desired:** Yes

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

20851 JOHNSON STREET SUITE#115 PEMBROKE PINES , FL 33029  
20851 JOHNSON ST  
#115  
PEMBROKE PINES, FL 33025 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:** ADAMS TABERNACLE OF FAITH

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MS.  
Name COOPER, AURORA STEWARD  
Address 14697 SW 33 COURT  
City-State-Zip: MIRAMAR FL 33027

Title MR.  
Name KINLOCH, VINCENT TRUSTEE  
Address 950 88 WAY  
City-State-Zip: MIRAMAR FL 33025

Title MR  
Name MOORE, WILLIE STEWARD  
Address 1960 N W 191ST TERR  
City-State-Zip: MIAMI GARDENS FL 33056

Title PASTOR  
Name SCRUGGS-TOBIAS, KIMBERLY REV.  
Address 20851 JOHNSON ST #115  
115-116  
City-State-Zip: PEMBROKE PINES FL 33025

Title STEWARD  
Name HALL, DIANE2  
Address 20011 N W 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** ADAMS TABERNACLE OF FAITH

TRUSTEE

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date