

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90148 037 ****70.00

DOCUMENT # N94000000020

1. Entity Name

THE INSTITUTE OF BLACK FAMILY LIFE, INC.

Principal Place of Business

Mailing Address

~~C/O FOCAL POINT~~
 16405 NW 25TH AVE.
 OPA-LOCKA FL 33054

~~C/O FOCAL POINT~~
 16405 NW 25TH AVE.
 OPA-LOCKA FL 33054

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

65-0501685

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

WILLIAMS, KELVIN
 16405 NW 25TH AVE.
 OPA-LOCKA FL 33054

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

Kevin D. Wells

3-11-02

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 NAME	PD OLAWALE, JACOB O	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3440 N.W. 203RD ST. OPA LOCKA FL 33054	
TITLE NAME	SD BANKS, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11005 SW 154TH TERR MIAMI FL	
TITLE NAME	TD EDMONDS, AUDREY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	295 NE 88TH ST MIAMI FL 33138	
TITLE NAME	D HOLLAND, JASON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	16350 N.W. 39TH CT. MIAMI FL 33054	
TITLE NAME	D TYSON, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	16405 NW 25TH AVE OPA LOCKA FL 33054	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

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

Olga Bamishigbin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA BAMISHIGBIN (305) 628-4354

Date

Daytime Phone #

CR2E037 (9/01)