


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-02-2004 90021 036 ****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

66432331



MOORE CR2E037 (4/04)

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW! FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY ROBINSON VICE PRESIDENT <input checked="" type="checkbox"/> Addition 5090 NW 195th TERRACE OPALOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT. DAN-SULEMAN SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18805 NW 27th AVENUE MIAMI, FL: 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SANDRA THOMPSON TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3860 LOMBARDY AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS LEGRAND MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13145 SW 32nd STREET MIRAMAR, FL 33027

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: JACOB O. OLAWALE - PRESIDENT [Signature] 07/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #