


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000020**

1. Entity Name  
**THE INSTITUTE OF BLACK FAMILY LIFE, INC.**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0501685</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 **KELVIN WILLIAMS, PROGRAM DIRECTOR**      DATE **4-18-05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

100000320362  
 04/25/05-80196-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLAWALE, JACOB O 3440 N.W. 203RD ST. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, ANTHONY 5090 NW 195TH TERRACE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULEMAN, DAN 18805 NW 27TH AVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, JASON 16350 N.W. 39TH CT. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, SANDRA DR 3860 LOMBARDY AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEGRAND, CARLOS 13145 SW 32ND STREET MIRAMAR, FL 33027

**DO NOT WRITE IN THIS SPACE**

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:** **OLA BAMISHIGBIN**      Date **4/18/05**      Daytime Phone # **(805) 628-4354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR