

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000020

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE INSTITUTE OF BLACK FAMILY LIFE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0501685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLAWALE, JACOB O
Address: 3440 N.W. 203RD ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: V () Delete
Name: ROBINSON, ANTHONY
Address: 5090 NW 195TH TERRACE
City-St-Zip: OPA LOCKA, FL 33055

Title: S () Delete
Name: SULEMAN, DAN
Address: 18805 NW 27TH AVE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: HOLLAND, JASON
Address: 16350 N.W. 39TH CT.
City-St-Zip: MIAMI, FL 33054

Title: T () Delete
Name: THOMPSON, SANDRA DR
Address: 3860 LOMBARDY AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: M () Delete
Name: LEGRAND, CARLOS
Address: 13145 SW 32ND STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLA BAMISHIGBIN

EXEC

03/05/2009

Electronic Signature of Signing Officer or Director

Date