

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000020

FILED
Feb 16, 2010
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
Name: OLAWALE, JACOB O
Address: 3440 N.W. 203RD ST.
City-St-Zip: OPA LOCKA, FL 33054

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

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

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

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

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

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: OLA BAMISHIGBIN

PROG

02/16/2010

Electronic Signature of Signing Officer or Director

Date