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02-26-1999 90009 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003939

1. Corporation Name

ALLEN CHAPEL A.M.E. FOUNDATION, INC.

Principal Place of Business

1201 N.W. 111 STREET
MIAMI FL 33167

Mailing Address

1201 N.W. 111 STREET
MIAMI FL 33167



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

07/06/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0425697

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, ROBERT B
1155 SHARA AVE
OPA LOCKA FL 33054

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME INGRAM, ROBERT B
STREET ADDRESS 1155 SHARA AVE
CITY-ST-ZIP OPA LOCKA FL 33054

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME SILAS, JOSEPH
STREET ADDRESS 18015 NW 25 CT
CITY-ST-ZIP MIAMI FL 33056

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME JONES, LAURA
STREET ADDRESS 2851 NW 209 TERR
CITY-ST-ZIP MIAMI FL 33056

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME FENNELL, BRENDA
STREET ADDRESS 13830 NE 1 AVE
CITY-ST-ZIP MIAMI FL 33161

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME JONES, LANETTE
STREET ADDRESS 18611 NW 8 CT
CITY-ST-ZIP MIAMI FL 33169

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Jones* (Laura Jones) Jan. 17, 1999 621-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)