

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 017 ****70.00

DOCUMENT # N 98000003939

1. Entity Name

Allen Chapel AME Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 NW 111 Street

Suite, Apt. #, etc.

Miami, FL 33167

City & State

3. Mailing Address

1201 NW 111 Street

Suite, Apt. #, etc.

Miami, FL 33167

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0425687

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Ingram, Robert B.

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

1155 Sharar Avenue

City

Opa Locka

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>D</u> <u>Ingram, Robert B.</u>	<u>1155 Sharar Ave</u>	<u>Opa Locka, FL 33054</u>				
	<u>D</u> <u>Silas, Joseph</u>	<u>18015 NW 25 court</u>	<u>Miami, FL 33056</u>				
	<u>D</u> <u>Jones, Laura</u>	<u>2851 NW 209 Terrace</u>	<u>Miami, FL 33056</u>				
	<u>D</u> <u>Fennell, Brenda</u>	<u>13830 NE 1 Avenue</u>	<u>Miami, FL 33161</u>				
	<u>D</u> <u>Jones, Lanette</u>	<u>18611 NW 8 Ct</u>	<u>Miami, FL 33169</u>				

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lanette R. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-754-9055

Daytime Phone #

CR2E037B (12/01)