


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N98000003939</b>			
1. Entity Name <b>ALLEN CHAPEL A.M.E. FOUNDATION, INC.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>85-0425687</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>INGRAM, ROBERT B 1156 SHARA AVE OPA LOCKA, FL 33054</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>(Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning.)</small>			
<b>FILE NOW! FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		(Make Check Payable to Florida Department of State)	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, ROBERT B	NAME	
STREET ADDRESS	1156 SHARA AVE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33054	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILAS, JOSEPH	NAME	
STREET ADDRESS	18015 NW 25 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LAURA	NAME	
STREET ADDRESS	2861 NW 209 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNEL, BRENDA	NAME	
STREET ADDRESS	13830 NE 1 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LANETTE	NAME	
STREET ADDRESS	18611 NW 8 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 517, 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: <i>Lanette D. Jones</i>		Date: <b>4/30/03</b> <b>305-654-5955</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CP2EC07 (10/02)