2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# N09000005919

Entity Name: DR. ROBERT B. INGRAM FOUNDATION, INC.

Current Principal Place of Business:

600 AHMAD STREET
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 133
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 32-0285130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGHODARO, ERHABOR
17220 NW 20 AVENUE
MIAMI GARDENS, FL 33056 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: C
Name: INGRAM, DELORES
Address: 1155 SHARAR AVENUE
City-St-Zip: OPA-LOCKA, FL 33054

Title: D
Name: ADAMS, ROGERY
Address: 15250 NW 22 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D
Name: THELMA, CALLOWAY
Address: 5328 NW 188 STREET
City-St-Zip: MIAMI, FL 33055

Title: D
Name: THOMPKINS, RON
Address: 500 NW 165 STREET #205
City-St-Zip: MIAMI, FL 33169

Title: D
Name: SMITH, KYMBERLEE
Address: 15250 NW 22 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D
Name: STINSON, SOLOMON
Address: 1340 NE 2ND AVENUE #700
City-St-Zip: MIAMI, FL 33132

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: ERHABOR A 04/15/2011

Electronic Signature of Signing Officer or Director Date