

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005919

Entity Name: DR. ROBERT B. INGRAM FOUNDATION, INC.**Current Principal Place of Business:**1155 SHARAR AVE
OPA LOCKA, FL 33054**Current Mailing Address:**1155 SHARAR AVE
OPA LOCKA, FL 33054 US**FEI Number:** 32-0285130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INGRAM, DELORES
1155 SHARAR AVE
OPA LOCKA, FL 33054 US*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:** DELORES INGRAM

02/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	D
Name	INGRAM, DELORES	Name	ADAMS, ROGERY REV.
Address	1155 SHARAR AVENUE	Address	15250 NW 22 AVENUE
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	MIAMI GARDENS FL 33056
Title	D	Title	D
Name	THELMA, CALLOWAY	Name	THOMPkins, RONALD
Address	5328 NW 188 STREET	Address	500 NW 165 STREET #205
City-State-Zip:	MIAMI FL 33055	City-State-Zip:	MIAMI FL 33169
Title	D	Title	SECTARY
Name	CLAY, CYNTHIA DR.	Name	INGRAM KEY, TAMARA C.
Address	600 AHMAD STREET	Address	5636 JEFFERSON STREET
City-State-Zip:	OPA-LOCKA FL 33054	City-State-Zip:	HOLLYWOOD FL 33023
Title	CORRESPONDING SECRETARY		
Name	INGRAM, LAURICK		
Address	1908 NW 17TH TERRACE		
City-State-Zip:	PEMBROKE PINES FL 33028		

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: DELORES INGRAM**PRESIDENT**

02/24/2024

Electronic Signature of Signing Officer/Director Detail

Date