

2020 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:** Yes**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	INGRAM BAKER, DELORES
Address	1155 SHARAR AVENUE
City-State-Zip:	OPA LOCKA FL 33054

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

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

Title	D
Name	THOMPkins, RONALD
Address	500 NW 165 STREET #205
City-State-Zip:	MIAMI FL 33169

Title	D
Name	CLAY, CYNTHIA DR.
Address	600 AHMAD STREET
City-State-Zip:	OPA-LOCKA FL 33054

Title	SECTARY
Name	INGRAM KEY, TAMARA C.
Address	5636 JEFFERSON STREET
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 BAKER

CHAIR

01/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date