

**2022 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

04/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name INGRAM, 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 THOMPSON, 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

PRESIDENT

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date