

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005919

**Entity Name:** DR. ROBERT B. INGRAM FOUNDATION, INC.**Current Principal Place of Business:**600 AHMAD STREET  
OPA-LOCKA, FL 33054**Current Mailing Address:**1155 SHARAR AVE  
OPA-LOCKA, FL 33054 UN**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	C
Name	INGRAM, DELORES
Address	1155 SHARAR AVENUE
City-State-Zip:	OPA-LOCKA FL 33054

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

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

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

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

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

*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****03/25/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date