

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000020

Entity Name: THE INSTITUTE OF BLACK FAMILY LIFE, INC.

**FILED
Mar 13, 2015
Secretary of State
CC5275937951**

Current Principal Place of Business:

C/O FOCAL POINT
16405 NW 25TH AVE.
OPA-LOCKA, FL 33054

Current Mailing Address:

C/O FOCAL POINT
16405 NW 25TH AVE.
OPA-LOCKA, FL 33054

FEI Number: 65-0501685

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, KELVIN
16405 NW 25TH 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 OLAWALE, JACOB O
Address 3440 N.W. 203RD ST.
City-State-Zip: OPA LOCKA FL 33054

Title D
Name HOLLAND, JASON
Address 16350 N.W. 39TH CT.
City-State-Zip: MIAMI FL 33054

Title VP
Name HAZEL, JAMES
Address 16405 N. W.25TH AVE.
City-State-Zip: OPALOCKA FL 33054

Title MEMBER
Name TWIGGS, OBADIAH MR.
Address 15893 N.W. 10ST.
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: JACOB OLAWALE

PRESIDENT

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date