

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

DOCUMENT# N94000000020

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

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC7233140547**

**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	Title	D
Name	OLAWALE, JACOB O	Name	HOLLAND, JASON
Address	3440 N.W. 203RD ST.	Address	16350 N.W. 39TH CT.
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	MIAMI FL 33054
Title	T	Title	M
Name	THOMPSON, SANDRA DR	Name	LEGRAND, CARLOS
Address	3860 LOMBARDY AVE	Address	13145 SW 32ND STREET
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	MIRAMAR FL 33027
Title	VP		
Name	HAZEL, JAMES		
Address	16405 N. W.25TH AVE.		
City-State-Zip:	OPALOCKA 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: JASON HOLLAND**

**EXEC. DIRECTOR**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date