

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000020

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

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC3048300089**

**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

Title EXECUTIVE DIRECTOR  
Name BAMISHIGBIN, OLA  
Address C/O FOCAL POINT  
16405 NW 25TH AVE.  
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: OLA BAMISHIGBIN**

**EXECUTIVE DIRECTOR**

**03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date