

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005919

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** DR. ROBERT B. INGRAM FOUNDATION, INC.

**Current Principal Place of Business:**

600 AHMAD STREET  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 133  
OPA-LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

IGHODARO, ERHABOR  
17220 NW 20 AVENUE  
MIAMI GARDENS, FL 33056 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: INGRAM, DELORES  
Address: 1155 SHARAR AVENUE  
City-St-Zip: OPA-LOCKA, FL 33054

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

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

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

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

Title: D  
Name: STINSON, SOLOMON  
Address: 1340 NE 2ND AVENUE #700  
City-St-Zip: MIAMI, FL 33132

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: RONALD THOMPkins

TREA

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date