

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **N94000004871 (9)**

1. Corporation Name
THE ABRAHAM FOUNDATION, INC.



Principal Place of Business 6201 NE 2ND AVE. SUITE 27 MIAMI FL 33138		Mailing Address P.O. BOX 530883 MIAMI FL 33153-0883		3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 04/06/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0339597	Applied For <input type="checkbox"/> Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country	29. Country	9. Name and Address of Current Registered Agent			
25. Country	30. Country	10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
**JOHNSON, HELEN P
6201 NE 2ND AVE.
SUITE 27
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 617.0903, Florida Statutes.

SIGNATURE: *Helen P. Johnson, Sec. (Helen P. Johnson)* DATE: **2/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FIELDS, SARAH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1611 HOMEWOOD AVE.	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-ST-ZIP DURHAM NC 27707		1.3 STREET ADDRESS	
TITLE VP	NAME WILLIAMS, ANNETTE	1.4 CITY-ST-ZIP	
STREET ADDRESS 89 LUCKIE STREET NW	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP ATLANTA GA 30303		2.2 NAME	
TITLE SD	NAME JOHNSON, HELEN P	2.3 STREET ADDRESS 3564 Troutdale Court	
STREET ADDRESS 6201 NE SECOND AVE., STE. 27	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Atlanta, GA 30032	
CITY-ST-ZIP MIAMI FL 33138		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NAME HANKERSON, DELIA	3.2 NAME	
STREET ADDRESS 29 NE 96TH ST.	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP MAIMI FL 33138		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS 800001730779	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP -03/04/96--R1063--005	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Helen P. Johnson* DATE: **2/22/96** (305) 756-6272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)