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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90003 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004871**

1. Corporation Name  
**THE ABRAHAM FOUNDATION, INC.**

Principal Place of Business 31 NW 152ND ST MIAMI FL 33169 US	Mailing Address P.O. BOX 530683 MIAMI FL 33153-0683
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/03/1994
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0339597
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

JOHNSON, HELEN P  
6201 NE 2ND AVE. 31 NW 152nd Street  
SUITE 27  
MIAMI FL ~~33198~~ 33169

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, SARAH	1.2 NAME	
STREET ADDRESS	1611 HOMEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27707	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANNETTE	2.2 NAME	
STREET ADDRESS	3564 TROUTDALE CT W	2.3 STREET ADDRESS	P.O. Box 1768
CITY-ST-ZIP	ATLANTA GA 30002	2.4 CITY-ST-ZIP	Seguin TX 78155
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HELEN P	3.2 NAME	
STREET ADDRESS	31 NW 152ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKERSON, DELIA	4.2 NAME	
STREET ADDRESS	29 NE 96TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33138	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Helen P. Johnson 1/12/99 (305) 949-5573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)