

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90084 047 ****70.00

DOCUMENT # N94000004871

1. Entity Name

THE ABRAHAM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**31 NW 152ND ST
 MIAMI FL 33169
 US**

**P.O. BOX 530883
 MIAMI FL 33153-0883**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339597

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, HELEN P
 31 NW 152ND ST
 MIAMI FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIELDS, SARAH	
STREET ADDRESS	1611 HOMEWOOD AVE.	
CITY-ST-ZIP	DURHAM NC 27707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANNETTE	
STREET ADDRESS	PO BOX 1768	
CITY-ST-ZIP	SEGUIN TX 78155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, HELEN P	
STREET ADDRESS	31 NW 152ND STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANKERSON, DELIA	
STREET ADDRESS	29 NE 96TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, ke empowered.

SIGNATURE: *Helen P Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 Date *(305) 949-5573* Daytime Phone #

CR2F037 (9/99)