


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004871
 1. Entity Name
THE ABRAHAM FOUNDATION, INC.



Principal Place of Business Mailing Address
530 NE 91ST STREET **P.O. BOX 530883**
MIAMI, FL 33138 US **MIAMI, FL 33153-0883**

DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0339597 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, HELEN P
530 NE 91ST STREET
MIAMI, FL 33138

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000055975
 02/18/04-80029-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELDS, SARAH 1611 HOMEWOOD AVE. DURHAM, NC 27707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ANNETTE 201 WINWOOD CIRCLE SEGUIN, TX 78155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, HELEN P 530 NE 91ST ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANKERSON, DELIA 530 NE 91ST ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE *Helen P. Johnson (Helen P. Johnson)* *Feb. 9, 2004* *(305) 757-7050*
SIGNATURE AND TYPED OR PRINTED NAME OF INCLUDING OFFICER OR DIRECTOR Date Daytime Phone #