

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004871

1. Entity Name
THE ABRAHAM FOUNDATION, INC.



Principal Place of Business
530 NE 91ST STREET
MIAMI, FL 33138 US

Mailing Address
P.O. BOX 530883
MIAMI, FL 33153-0883



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

JOHNSON, HELEN P
530 NE 91ST STREET
MIAMI, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIELDS, SARAH
STREET ADDRESS 1611 HOMEWOOD AVE.
CITY-ST-ZIP DURHAM, NC 27707

TITLE VP
NAME WILLIAMS, ANNETTE
STREET ADDRESS 201 WINWOOD CIRCLE
CITY-ST-ZIP SEGUIN, TX 78155

TITLE SD
NAME JOHNSON, HELEN P
STREET ADDRESS 530 NE 91ST ST
CITY-ST-ZIP MIAMI, FL 33138

TITLE ST
NAME HANKERSON, DELIA
STREET ADDRESS 530 NE 91ST ST
CITY-ST-ZIP MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000390093
01/23/06-80013-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2006 1-800-967-7337
305-987-7050