


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

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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 _____ (NOTE: Registered Agent signature required when re-registering) 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	SO
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	

100000390093
 01/23/06-80013-001 70.00

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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 *January 10, 2006* 1-800-967-7337
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 87-7050