


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 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**



01082007 No Chg-NP CR2E037 (4/06)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

000000591983  
 01/19/07-80044-013 70.00

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	

**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 (Helen P. Johnson)* *January 12, 2007* (205) 757-7050