

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004871

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: THE ABRAHAM FOUNDATION, INC.

**Current Principal Place of Business:**

14200 NW 14TH AVE  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530883  
MIAMI, FL 331530883

**New Mailing Address:**

FEI Number: 65-0339597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOHNSON, HELEN P  
14200 NW 14TH AVE  
MIAMI, FL 33167 US

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: \_\_\_\_\_

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FIELDS, SARAH  
Address: 1611 HOMEWOOD AVE.  
City-St-Zip: DURHAM, NC 27707

Title: SD ( ) Delete  
Name: JOHNSON, HELEN P  
Address: 14200 NW 14TH AVE  
City-St-Zip: MIAMI, FL 33167

Title: ST ( ) Delete  
Name: HANKERSON, DELIA  
Address: 14200 NW 14TH AVE  
City-St-Zip: MIAMI, FL 33167

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: HANKERSON, DELIA  
Address: 14178 NW 17TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN P. JOHNSON

SD

02/12/2009

Electronic Signature of Signing Officer or Director

Date