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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90039 013 \*\*\*\*70.00

**DOCUMENT # N96000005231**

1. Corporation Name

**ISAIAH & EZEKIEL LAW FOUNDATION CORP.**

Principal Place of Business

6073 NW 167 ST.  
SUITE C-7  
MIAMI FL 33015

Mailing Address

6073 NW 167 ST.  
SUITE C-7  
MIAMI FL 33015



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

65-0705084

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LAW, MARY  
175 SIERRA DR  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME LAW, MARY  
STREET ADDRESS 1200 N.W. 175TH STREET  
CITY-ST-ZIP MIAMI FL 33169

TITLE SD  
NAME WILLIAM, LAURETTA  
STREET ADDRESS 17144 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE CD  
NAME WILSON, SHIRLEY  
STREET ADDRESS 17144 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE T  
NAME PICKETT, VERDIE JR  
STREET ADDRESS 2122 ADAMS ST., APT. 407  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D  
NAME KNIGHT, JOEY  
STREET ADDRESS 1355 ALBABA AVE  
CITY-ST-ZIP MIAMI FL 33160

TITLE CD  
NAME GUARASHUGA, MERCY  
STREET ADDRESS 6742 SW 15TH ST  
CITY-ST-ZIP MIAMI FL 33056

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Katherine Hutchins  
1.2 NAME 175 SIERRA DR  
1.3 STREET ADDRESS MIAMI FL 33179  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 827489

CR2E037 (11/98)