

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90448 017 \*\*\*\*70.00

DOCUMENT # **N98000003939**

1. Entity Name

**Allen Chapel AME Foundation, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1201 NW 111 Street**

Suite, Apt. #, etc.

**Miami, FL 33167**

City & State

3. Mailing Address

**1201 NW 111 Street**

Suite, Apt. #, etc.

**Miami, FL 33167**

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

**05-0425697**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Ingram, Robert B.**

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

**1155 Sharar Avenue**

City

**Opa Locka**

FL

Zip Code

**33054**

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
Ingram, Robert B.  
1155 Sharar Ave  
Opa Locka, FL 33054**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
Silas, Joseph  
18015 NW 25 Court  
Miami, FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
Jones, Laura  
2851 NW 209 Terrace  
Miami, FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
Fennell, Brenda  
13830 NE 1 Avenue  
Miami, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
Jones, Lanette  
18611 NW 8 Ct  
Miami, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/02**

Daytime Phone #

**305-754-9055**

CR2E037B (12/01)