

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 022 ****70.00

DOCUMENT # N98000003939 1. Entity Name ALLEN CHAPEL A.M.E. FOUNDATION, INC.					
Principal Place of Business 1201 N.W. 111 STREET MIAMI, FL 33167				Mailing Address 1201 N.W. 111 STREET MIAMI, FL 33167	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04292004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0425697	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INGRAM, ROBERT B 1155 SHARA AVE OPA LOCKA, FL 33054				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ROBERT B <input type="checkbox"/> Delete 1155 SHARA AVE OPA LOCKA, FL 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILAS, JOSEPH <input type="checkbox"/> Delete 18015 NW 25 CT MIAMI, FL 33056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LAURA <input type="checkbox"/> Delete 2851 NW 209 TERR MIAMI, FL 33056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNELL, BRENDA <input checked="" type="checkbox"/> Delete 13830 NE 1 AVE MIAMI, FL 33161				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LANETTE <input type="checkbox"/> Delete 18611 NW 8 CT MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lanette Jones</i> 8/29/04 305-654-5955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					