2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003939

FILED May 12, 2005 Secretary of State

Entity Name: ALLEN CHAPEL A.M.E. FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1201 N.W. 111 STREET MIAMI, FL 33167 **Current Mailing Address: New Mailing Address:** 1201 N.W. 111 STREET MIAMI, FL 33167 FEI Number: 65-0425697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGRAM, ROBERT B POITIER, MARIE W 1155 SHARA AVE 3131 N.W. 57 STREET OPA LOCKA, FL 33054 US MIAMI, FL 33147 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: MARIE W. POITIER 05/12/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete INGRAM, ROBERT B POITIER, MARIE W Name: Name: 1155 SHARA AVE Address: 3131 N.W. 57 STREET Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: MIAMI, FL 33147 Title: () Delete Title: (X) Change () Addition Name: SILAS, JOSEPH Name: GAY, SAMUEL L Address: 18015 NW 25 CT Address: 20 N.E. 162 STREET City-St-Zip: MIAMI, FL 33056 City-St-Zip: MIAMI, FL 33162 Title: () Delete Title: () Change () Addition JONES, LAURA Name: Name: 2851 NW 209 TERR Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JONES, LANETTE Name: 18611 NW 8 CT Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: Title: () Delete () Change (X) Addition BELTON, CARNELLA Name: Name: 3360 N.W. 205 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LANETTE R. JONES D 05/12/2005