2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N99000004365

Entity Name: ALLEN INSTITUTE FOR DEVELOPMENT AND EMPOWERMENT, INC.

Current Principal Place of Business:

1307 HARLEM ST.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 37235
TALLAHASSEE, FL 323157235

New Mailing Address:

FEI Number: 31-1662996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, CHARLES A
1331 S. MARTIN L. KING JR. BLVD.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORRIS, CHARLES A
Address: 1331 S. MARTIN L. KING JR. BLVD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: CARTER, PHESSENIA
Address: 2317 CUMBERLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: THOMPSON, THELMA
Address: 1911 CENTERVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MILLER, GLORIA
Address: 1030 ABRAHAM ST.
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARILYN P. BENTLEY-CARTER D 04/30/2008

Electronic Signature of Signing Officer or Director — Date