2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004365

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1307 HARLEM ST.

TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

PO BOX 37235

TALLAHASSEE, FL 323157235

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, CHARLES A

GIBSON, KYLE C

1331 S. MARTIN L. KING JR. BLVD.

330 HARRISON STREET

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

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: PHESSENIA BENTLEY-CARTER 04/30/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32303

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32303

itle: D () Delete Title: D (X) Change() Addition

Name:MORRIS, CHARLES AName:GIBSON, KYLE CAddress:1331 S. MARTIN L. KING JR. BLVD.Address:330 HARRISON STREETCity-St-Zip:TALLAHASSEE, FL 32301City-St-Zip:TALLAHASSEE, FL 32301

Title: D () Delete Title: O (X) Change () Addition Name: CARTER, PHESSENIA Name: BENTLEY-CARTER, PHESSENIA Address: 2317 CUMBERLAND DRIVE Address: 2317 CUMBERLAND DRIVE

Title: D () Delete Title: O (X) Change () Addition

Name:THOMPSON, THELMAName:THOMPSON, THELMAAddress:1911 CENTERVILLE RD.Address:1911 CENTERVILLE RD.City-St-Zip:TALLAHASSEE, FL 32308City-St-Zip:TALLAHASSEE, FL 32308

Title: D () Delete Title: O (X) Change () Addition

 Name:
 MILLER, GLORIA
 Name:
 MILLER, GLORIA

 Address:
 1030 ABRAHAM ST.
 Address:
 1030 ABRAHAM ST.

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 TALLAHASSEE, FL 32304

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: PHESSENIA BENTLEY-CARTER O 04/30/2009