

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 08, 2010
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:**1307 HARLEM ST.
TALLAHASSEE, FL 32304**FEI Number:** 31-1662996**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON CHAPEL AMEC
1307 HARLEM STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**GIBSON, KYLE C
471 E HARLEM STREET
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: KYLE C. GIBSON

07/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GIBSON, KYLE C
Address: 330 HARRISON STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: MITCHELL, ISSAC
Address: 2241 W PENSACOLA STREET APT 25
City-St-Zip: TALLAHASSEE, FL 32304

Title: D
Name: KNIGHT, VERONICA H
Address: 2404 ATLAS ST B-2
City-St-Zip: TALLAHASSEE, FL 32307

Title: D
Name: MORRIS, SHELIA
Address: 1203 1/2 HARLEM STREET
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: KYLE C. GIBSON

D

07/08/2010

Electronic Signature of Signing Officer or Director

Date