

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001476

**Entity Name:** INDIGENOUS BLACK AMERICANS FOUNDATION INC

**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**9226972019CC**

**Current Principal Place of Business:**

111 N ORANGE AVE  
SUITE 800  
ORLANDO, FL 32801

**Current Mailing Address:**

111 N ORANGE AVE  
SUITE 800  
ORLANDO, FL 32801

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

IDEA CAPITAL GROUP INC  
1110 BRICKELL AVE  
SUITE 430  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            IDEA CAPITAL GROUP INC  
Address        1110 BRICKELL AVE SUITE 430  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            MURPHY, DOUGLAS  
Address        111 N ORANGE AVE SUITE 800  
City-State-Zip: ORLANDO FL 32801

Title            A  
Name            GRAY, HOMER SR  
Address        5108 FIGWOOD LANE  
City-State-Zip: ORLANDO FL 32808

Title            DIRECTOR  
Name            GRAY JR, DEREK  
Address        111 N ORANGE AVE  
                 SUITE 800  
City-State-Zip: ORLANDO FL 32801

*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:** HOMER GRAY SR

**DIRECTOR**

**03/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date