


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT #N00000004508		
1. Entity Name RICHMOND PERRINE REALTY REAL ESTATE CAREER JOB TRAINING PROGRAM, INC.		
Principal Place of Business 14660 LINCOLN BLVD. MIAMI, FL 33176	Mailing Address 14660 LINCOLN BLVD. MIAMI, FL 33176	

(N00000004508N)

01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RACKLEY, HERMAN
14660 LINCOLN BLVD.
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	WALKER, PAMELA L
NAME	
STREET ADDRESS	11332 SW 164 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE VSD	WHIPPLE, BOBBY L SR
NAME	
STREET ADDRESS	10755 SW 173 TERR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE TD	FREEMAN, CHARLES L
NAME	
STREET ADDRESS	11220 SW 138 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000386398
01/18/06-80058-006 70.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06

Date

(305)255-3708

Daytime Phone #