

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 031 ****70.00

DOCUMENT # N03000004797

1. Entity Name
**R.E.A.L. TEAM EDUCATIONAL AND CHARITABLE
OUTREACH, INC.**



Principal Place of Business
**2250 NW 51ST STREET
MIAMI, FL 33147**

Mailing Address
**P.O. BOX 866
MIAMI, FL 33242**

50065170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
32-0080321

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, TONI
1209 NW 161ST AVE
PEMBROKE PINES, FL 33028**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **WRIGHT, MICHAEL II**
STREET ADDRESS **1019 N.W. 64TH ST.**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **Michael Wright** ☐ Change ☒ Addition
NAME **1019 nw 64 st**
STREET ADDRESS **MIAMI, FL 33147**
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **BURKS, FELICIA**
STREET ADDRESS **2250 NW 51 ST**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☒ Delete
NAME **WRIGHT, KHALYLAH**
STREET ADDRESS **1034 N.W. 26TH ST.**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **Horatio Major** ☐ Change ☒ Addition
NAME **1790 nw 59 st**
STREET ADDRESS **MIAMI, FL 33142**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

8/30/05

Date

Daytime Phone #