

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

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**



01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0080321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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**

000000567877
07/03/06-80004-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, MICHAEL II 1019 N.W. 64TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURKS, FELICIA 2250 NW 51 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAJOR, HORATIO 1790 NW 59 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Felicia Burks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

Daytime Phone #