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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005306 (5)

1. Corporation Name
PROJECT TEAMWORK

Principal Place of Business	Mailing Address
16950 SW 90th Ave. Miami, FL 33157	16950 SW 90th Ave. Miami, FL 33157

3. Date Incorporated or Qualified: 10/26/94
3a. Date of Last Report: 4/30/96

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0526275 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Morgan, Charles O. Jr.
16950 SW 90th Avenue
Miami, FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	President - D ☐ DELETE	1.1 TITLE	Board of Directors ☐ Change ☑ Addition
NAME	Rick L. Englert	1.2 NAME	Mark Coats
STREET ADDRESS	16950 SW 90th Avenue	1.3 STREET ADDRESS	111 NW First Street
CITY-ST-ZIP	Miami, FL 33157	1.4 CITY-ST-ZIP	Miami, FL 33128
TITLE	Vice President - D ☐ DELETE	2.1 TITLE	Board of Directors ☐ Change ☑ Addition
NAME	BJ Behnken	2.2 NAME	Tony Ponceti
STREET ADDRESS	16950 SW 90th Avenue	2.3 STREET ADDRESS	16950 SW 90th Avenue
CITY-ST-ZIP	Miami, FL 33157	2.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	Chairman of the Board - D ☐ DELETE	3.1 TITLE	Board of Directors ☑ Change ☐ Addition
NAME	Rev. Tommy Watson	3.2 NAME	Michael Chatman
STREET ADDRESS	8900 SW 168 St.	3.3 STREET ADDRESS	53 NW 93rd Street
CITY-ST-ZIP	Miami, FL 33157	3.4 CITY-ST-ZIP	Miami, FL 33150
TITLE	Board of Directors - Sec.D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Scott Todd	4.2 NAME	
STREET ADDRESS	12856 Sandy Run	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jupiter, FL 33478	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Rick Englert, President 5/1/97 305/253-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #