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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000006204 (1)**

1. Corporation Name

500 ROLE MODELS OF EXCELLENCE PROJECT, INC.

Principal Place of Business	Mailing Address
1450 N.E. 2ND AVE. 700 MIAMI FL 33132 US	1450 N.E. 2ND AVE. 700 MIAMI FL 33132-1308 US

3. Date Incorporated or Qualified: **12/20/1994**
3a. Date of Last Report: **06/25/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0575014** ☐ 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

WILSON, FREDERICA S
1450 N.E. 2ND AVENUE
700
MIAMI FL 33132

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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, FREDERICA S		1.2 NAME		
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 309		1.3 STREET ADDRESS	1450 N.E. 2nd Avenue, Suite 226	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	Miami, Florida 33132	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CARTER, DONNIE		2.2 NAME		
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 352		2.3 STREET ADDRESS	15461 S.W. 117 Avenue	
CITY-ST-ZIP	MIAMI FL 33132		2.4 CITY-ST-ZIP	Miami, Florida 33177	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREER, TEE S DR.		3.2 NAME		
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 413		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAWKINS, VINCENT		4.2 NAME		
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 652		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, FRED		5.2 NAME		
STREET ADDRESS	2929 S.W. 3RD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRACHAN, RICHARD DR		6.2 NAME		
STREET ADDRESS	8841 N.W. 14TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: _____ 3/25/97 (305)995-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0028880