

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date incorporated or Qualified 12/20/1994	
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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILSON, FREDERICA S 1450 N.E. 2ND AVENUE 700 MIAMI FL 33132		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NE 2ND AVENUE, SUITE 226	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CARTER, DONNIE	2.2 NAME	Koonce, George, Dr.
STREET ADDRESS	15461 SW 117 AVENUE	2.3 STREET ADDRESS	14651 S.W. 94 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176
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	

14. 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 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: *[Signature]* **1/13/98 (305) 995-1340**

CR2E037 (10/97)