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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

129746 - 90021 - 28

DOCUMENT # **N94000006204**

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	3. Date Incorporated or Qualifed
21 1450 N.E. 2nd Avenue	26 1450 N.E. 2nd Avenue	12/20/1994
Suite, Apt. #, etc. 22 Suite 227	Suite, Apt. #, etc. 27 Suite 227	4. FEI Number 65-0575014 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33132 Country 25 US	Zip 29 33132 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Frederica S. Wilson 82 Street Address (P.O. Box Number is Not Acceptable): 1450 N.E. 2nd Avenue 83 Suite 227 84 City: Miami FL 85 Zip Code: 33132

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 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	☐ Change ☐ Addition
NAME	KOONCE, GEORGE D		2.2 NAME	
STREET ADDRESS	14651 SW 94TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, VINCENT		3.2 NAME	
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 652		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, FRED		4. 2 NAME	
STREET ADDRESS	2929 S.W. 3RD AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STRACHAN, RICHARD DR		5.2 NAME	
STREET ADDRESS	8841 N.W. 14TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147		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	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01-25-99 (305)995-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #