

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N94000006204

1. Entity Name
5000 ROLE MODELS OF EXCELLENCE PROJECT, INC.



FILED
Jun 28, 2004 08:00 AM
Secretary of State

Principal Place of Business

1450 N.E. 2ND AVE.
SUITE 227
MIAMI, FL 33132 US

Mailing Address

1450 N.E. 2ND AVE.
SUITE 227
MIAMI, FL 33132 US



06212004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0575014

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, FREDRICA S
1450 N.E. 2ND AVENUE
SUITE 227
MIAMI, FL 33132

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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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILSON, FREDERICA S
1450 NE 2ND AVENUE, SUITE 226
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KOONCE, GEORGE D
14651 SW 94TH AVE
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
INGRAM, ROBERT B
1450 N.E. 2ND AVE. SUITE 700
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STRACHAN, RICHARD DR
8841 N.W. 14TH AVE.
MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000162896
06/28/04-80001-016 70.00

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12. 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 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:

Fredrica S. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-04

305-995-2451 Ext. 2

Date

Daytime Phone #