2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006204

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

Principal Place of Business	Mailing Address
1450 N.E. 2ND AVE. SUITE 227 MIAMI, FL 33132 US	1450 N.E. 2ND AVE. SUITE 227 MIAMI, FL 33132 US

07192005 No Chg-NP CR2E097 (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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, FREDERICA S
STREET ADDRESS	1450 NE 2ND AVENUE, SUITE 226
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	KOONCE, GEORGE D
STREET ADDRESS	14651 SW 94TH AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	INGRAM, ROBERT B
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 700
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	STRACHAN, RICHARD DR
STREET ADDRESS	8841 N.W. 14TH AVE.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/05-80012-001 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: Frederica S. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #