

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006204

FILED
Feb 09, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0575014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, FREDERICA S
Address: 1450 NE 2ND AVENUE, SUITE 226
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: KOONCE, GEORGE D
Address: 14651 SW 94TH AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: INGRAM, ROBERT B
Address: 1450 N.E. 2ND AVE. SUITE 700
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: STRACHAN, RICHARD DR
Address: 8841 N.W. 14TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: BRUNSON, ANTHONY
Address: 1 S.E. 3RD AVE, STE 2100
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CRAWFORD, WADIE
Address: 8400 NW 53RD STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICA S. WILSON

D

02/09/2007

Electronic Signature of Signing Officer or Director

Date