

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 042 ****61.25

DOCUMENT # N95000001988 1. Entity Name ROLE MODELS FOUNDATION, INC.					
Principal Place of Business 1338 BADEN POWELL ROAD HAWTHORNE, FL 32640			Mailing Address PO BOX 147050 PMB 144 GAINESVILLE, FL 32614-7050		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3350956				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZETTLER, E.A.W. "PAN" 11 S.W. FIRST STREET WILLISTON, FL 32696			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, BILL		NAME	Maxwell, Bill	
STREET ADDRESS	2021 1/2 BEACH DRIVE SE		STREET ADDRESS	3301 Loop Road #101	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731		CITY-ST-ZIP	Tuscaloosa, AL 35404	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, BILLIE		NAME		
STREET ADDRESS	1338 BADEN POWELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, ANGELA		NAME		
STREET ADDRESS	1507 NW 25TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERNESTINE		NAME		
STREET ADDRESS	2121 SW 19TH AVENUE ROAD		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHARLES		NAME		
STREET ADDRESS	2704 NW 46TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, JOAN		NAME	McGrath, Joan	
STREET ADDRESS	707-104 SW 75TH STREET		STREET ADDRESS	707-104 SW 75th Street	
CITY-ST-ZIP	GAINESVILLE, FL 326071866		CITY-ST-ZIP	Gainesville, FL 32607-1866	
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: <i>Billie Monroe Pres</i> <i>Billie Monroe</i> <i>4/25/05</i> <i>352-395-5264</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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