

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90017 041 ****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.

03232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3350956

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

FL

Zip Code

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **MAXWELL, BILL**
STREET ADDRESS **3201 LOOP RD. # 101**
CITY-ST-ZIP **TUSCALOOSA, AL 35404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MONROE, BILLIE**
STREET ADDRESS **1338 BADEN POWELL ROAD**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CLIFFORD, ANGELA**
STREET ADDRESS **1507 NW 25TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JOHNSON, ERNESTINE**
STREET ADDRESS **2121 SW 19TH AVENUE ROAD**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HARRIS, CHARLES**
STREET ADDRESS **2704 NW 46TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MCGRATH, JOAN**
STREET ADDRESS **707-104 SW 75TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL 326071866**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Billie Monroe, President

3/27/06

Date

352-395-5264

Daytime Phone #