2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State
05-13-2005 90224 034 ****70.00

DOCUMENT # N97000006913

1. Entity Name
A M O S PROJECT, INC.

Principal Place of Business	Mailing Address
951 SW 4 ST HOMESTEAD, FL 33030	951 SW 4ST HOMESTEAD, FL 33030 US

05092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1596859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUYTJES, DOROTHEA
12920 SW 60 AE
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name ELNora CLARKe
Street Address (P.O. Box Number is Not Acceptable)
13641 VAN Buren St
City Miami FL Zip Code 33176

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 Elnora Clarke/Dorothea Luytjes 5-10-05
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 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUYTJES, DOROTHEA 12920 SW 60TH AVE MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BELL, CAROLE A 8139 SW 82ND PL MIAMI, FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Program Coordinator ELNora CLARKE 13641 VAN Buren St. miami, Fl. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, CURTIS 1055 NW 6 AVE FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EVANS-COLEMAN, ROSE L 20510 SW 122 CT. MIAMI, FL 33177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Linda Hawkins 16820 SW 109th ave. miami, Fl. 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITTE, KATE 22320 MIAMI AVENUE MIAMI, FL 33170	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Elnora Clarke 05-10-2005 / 305-245-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #