

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91043 015 ****70.00

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1. Entity Name

**RECRUITMENT AND TRAINING PROJECT ECONOMIC
DEVELOPMENT CORPORATION**



Principal Place of Business

5524 NW 7TH AVE
MIAMI FL 33127

Mailing Address

5524 NW 7TH AVE
MIAMI FL 33127

2. Principal Place of Business

5524 NW 7TH AVE

3. Mailing Address

5524 NW 7TH AVE

Suite, Apt. #, etc.

15TH FLOOR

Suite, Apt. #, etc.

15TH FLOOR

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33127

Country

DADE

Zip

33127

Country

DADE

6. Name and Address of Current Registered Agent

MASON, SAMUEL
5524 NW 7TH AVE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name NA

Street Address (P.O. Box Number is Not Acceptable)

NA

City NA

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

Samuel Mason

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME	T MOORE, ADDIE	<input type="checkbox"/> Delete
STREET ADDRESS	17610 NW 13TH COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	RA MASON, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	17301 NW 24TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE NAME	SD WALKER, RENEE	<input type="checkbox"/> Delete
STREET ADDRESS	17301 NW 13TH CRT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	PD MASON, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	17301 NW 24TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE NAME	CS ROSEMOND, RENEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1485 NE 121ST ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE NAME	VC COCHRAN, LAWERENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1961 NW 190 TERR	
CITY-ST-ZIP	MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CB AJ MILTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5524 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL- 33127	
TITLE NAME	V.C V.C BONITA BAKER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5524 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE NAME	CS MARY MAXWELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17610 NW 13TH CRT	
CITY-ST-ZIP	MIAMI FL- 33169	

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:

Samuel Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #