

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006562

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC4433899141**

**Entity Name:** THE WOODSON INSTITUTE, INC.

**Current Principal Place of Business:**

550 N BISCAYNE RIVER DR  
MIAMI, FL 33169

**Current Mailing Address:**

550 N BISCAYNE RIVER DR  
MIAMI, FL 33169

**FEI Number:** 47-1342517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, STAREX  
550 N BISCAYNE RIVER DR  
MIAMI, FL 33169 US

*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

**Officer/Director Detail :**

Title D  
Name TOSON, JACAYLA  
Address 1915 FLETCHER ST APT 4  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name HATCHER, WILLIE  
Address 233 NE 21ST ST  
City-State-Zip: DELRAY BEACH FL 33444

Title D  
Name RICHARDSON, JUANITA  
Address 2540 NW 159TH ST  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name SMITH, STAREX  
Address 550 N BISCAYNE RIVER DR  
City-State-Zip: MIAMI FL 33169

Title D  
Name RANDOLPH, ANTHONY  
Address 2540 NW 159TH ST  
City-State-Zip: MIAMI GARDENS FL 33054

*I hereby 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 all other like empowered.*

**SIGNATURE:** STAREX SMITH

**DIRECTOR**

**03/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date