

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -2 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006204 (1)

1. Corporation Name

500 ROLE MODELS OF EXCELLENCE PROJECT, INC.

Principal Place of Business Mailing Address
**1450 N.E. 2ND AVE.
SUITE 309
MIAMI FL 33132** **1450 N.E. 2ND AVE.
SUITE 309
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/20/1994
4. FEI Number Applied For
 65-0575014 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032.
 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, FREDERICA S
1450 N.E. 2ND AVENUE
SUITE 309
MIAMI FL 33132**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and then if applicable) NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY
 Change Addition

TITLE	D
NAME	WILSON, FREDERICA S
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 309
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D
NAME	CARTER, DONNIE
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 352
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D
NAME	GREER, TEE S DR.
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 413
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D
NAME	DAWKINS, VINCENT
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 652
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D
NAME	WALLACE, FRED
STREET ADDRESS	2929 S.W. 3RD AVE.
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	STRACHAN, RICHARD DR
STREET ADDRESS	8841 N.W. 14TH AVE.
CITY - ST - ZIP	MIAMI FL 33147

1 1 TITLE	D / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	Washington, Lynn C.	
1 3 STREET ADDRESS	Holland & Knight	
1 4 CITY - ST - ZIP	701 Brickell Avenue, Suite 3000 Miami, Florida 33131	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS	600001473496	
3 4 CITY - ST - ZIP	-05/03/95--01108--002	
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn C. Washington* **Lynn C. Washington** 4:27 95 789-7798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)