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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9400006204					
1. Entity Name 5000 ROLE MODELS OF EXCELLENCE PROJECT, INC.					
Principal Place of Business 1450 N.E. 2ND AVE. SUITE 227 MIAMI, FL 33132 US			Mailing Address 1450 N.E. 2ND AVE. SUITE 227 MIAMI, FL 33132 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0575014	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, FREDERICA S 1450 N.E. 2ND AVENUE SUITE 227 MIAMI, FL 33132			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when returning)</small> DATE _____					
FILE NOW! FREE IS 58125		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	Dr. Robert B. Ingram <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, FREDERICA S	NAME	1450 N.E. 2nd Ave., Ste 700		
STREET ADDRESS	1450 NE 2ND AVENUE, SUITE 226	STREET ADDRESS	Miami, FL 33132		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOONCE, GEORGE D	NAME	70002083749		
STREET ADDRESS	14661 SW 94TH AVE	STREET ADDRESS	06/16/03--01082--005 ***61.25		
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAWKINS, VINCENT	NAME			
STREET ADDRESS	1450 N.E. 2ND AVE. SUITE 652	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNN, RAYMOND	NAME			
STREET ADDRESS	2744 NW 47TH LANE	STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRACHAN, RICHARD DR	NAME			
STREET ADDRESS	8841 N.W. 14TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 employees.					
SIGNATURE: <i>Fredrica S Wilson</i>			Date: 5-3-03 305-995-2451		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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