


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006204

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
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07192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0575014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, FREDRICA S
 1450 N.E. 2ND AVENUE
 SUITE 227
 MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. [NOTE: Registered Agent signature required when reinstating]

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, FREDERICA S 1450 NE 2ND AVENUE, SUITE 228 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONCE, GEORGE D 14651 SW 94TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ROBERT B 1450 N.E. 2ND AVE. SUITE 700 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACHAN, RICHARD DR 8841 N.W. 14TH AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/22/05-80012-001 70.00

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 fee empowered.

SIGNATURE: Frederica S. Wilson _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____