

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10893

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PROJECT RETURN, INC.

**Current Principal Place of Business:**

304 W WATERS AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

304 W WATERS AVE  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 59-2612753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MITCHELS, NATALIE  
304 WEST WATERS AVE  
TAMPA, FL 33604 US

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

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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: ADAMS, DEBORAH  
Address: 4940 WILLOW RIDGE TERRACE  
City-St-Zip: VALRICO, FL 33594

Title: MD  
Name: MITCHELS, NATALIE  
Address: 303 WEST WATERS AVE  
City-St-Zip: TAMPA, FL 33604

Title: D  
Name: PRESTON, MARIE  
Address: 1057 S. CLEARVIEW AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: HIGGINS, LAWRENCE MON.  
Address: 5225 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: PD  
Name: KURTZMAN, ROBIN  
Address: 8218 RIVER BOAT DRIVE  
City-St-Zip: TAMPA, FL 33637

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: NATALIE Y. MITCHELS

MD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date