

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007973

Entity Name: PROJECT SCHOLARS, INC.**Current Principal Place of Business:**1515 E HIGHWAY 50
CLERMONT, FL 34711**Current Mailing Address:**P.O. BOX 121543
CLERMONT, FL 34712-1543**FEI Number: 54-2079731****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOYETTE, WADE
1635 E HWY 50
#300
CLERMONT, FL 34711 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 DIRECTOR
Name GERACI-CARVER, ANITA
Address 1560 BLOXAM AVENUE
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name SRODES, NANCY
Address 12239 WARREN ROAD
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name DELANEY, PATTY
Address 11131 VERSAILLES BLVD
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT
Name ROUNTREE, PAUL
Address 1515 EAST HIGHWAY 50
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name ROSE, DONALD
Address 153 BALMY COAST ROAD
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR
Name MITCHELL, MICHAEL
Address 15409 ARABIAN WAY
City-State-Zip: MONTVERDE FL 34756

Title VP
Name LATHAM, MICHAEL
Address 1000 EAST HIGHWAY 50
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name SWIDLER, JILL
Address 11420 CYPRESS HILL STREET
City-State-Zip: CLERMONT FL 34711

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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: ANITA GERACI-CARVER**DIRECTOR****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONES, JO ANN
Address 12201 CYPRESS LANDING AVENUE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name ENGLISH, TOM
Address 1635 E HWY 50
SUITE 302
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name NICHOLS, JUSTIN
Address 16110 HAMMOCK RIDGE ROAD
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name DEEN, KATHRYN
Address 685 W MONTROSE ST
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name BUSTO, LISA
Address 12428 LAKE RIDGE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name PARKS, SEAN
Address 315 W MAIN ST
RM 316
City-State-Zip: TAVARES FL 32778