

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007973

Entity Name: PROJECT SCHOLARS, INC.**Current Principal Place of Business:**14146 VISTA DEL LAGO BLVD.
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 PRESIDENT
Name ENGLISH, TOM
Address 1635 EAST HWY 50, SUITE 207
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name SOLIS, CARLOS
Address 522 US HWY 27, SUITE C
City-State-Zip: MINNEOLA FL 34715

Title DIRECTOR
Name CARACCIOLO, PAT
Address 9112 LAWS ROAD
City-State-Zip: CLERMONT FL 34714

Title DIRECTOR
Name GERACI-CARVER, ANITA
Address 1560 BLOXAM AVENUE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name NAILOS, HEALTH
Address 1635 E. HWY 50
#300
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name DESTEFANO, ROCCO
Address 13135 SUMMER LAKE WAY
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name CHAPMAN, RICHARD
Address 114 N. ALEXANDRIA AVENUE
City-State-Zip: MINNEOLA FL 34715

Title SECRETARY, TREASURER
Name SRODES, NANCY
Address 12239 WARREN ROAD
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: GERACI-CARVER , ANITA**DIR****04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name HIDALGO, SHANNON
Address 17230 PORTER AVENUE
City-State-Zip: MONTVERDE FL 34756

Title DIRECTOR
Name TEASLEY, TANGA
Address 17655 DEER ISLE CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name PERRINO, DANA
Address 10832 RUSHWOOD WAY
City-State-Zip: CLERMONT FL 34715