

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004086

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

**Current Principal Place of Business:**

10300 49TH STREET N  
402  
CLEARWATER, FL 33762

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC3202779526**

**Current Mailing Address:**

10300 49TH STREET N  
402  
CLEARWATER, FL 33762 US

**FEI Number: 20-8936475**

**Certificate of Status Desired: No**

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

MACDONALD, SCOTT W  
405 20TH AVENUE NE  
SAINT PETERSBURG, FL 33704 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:** SCOTT W MACDONALD

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name AULD, MOLLY  
Address 255 16TH AVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title SEC  
Name WARREN, ROBIN K  
Address 350 2ND STREET N  
City-State-Zip: SAINT PETERSBURG FL 33701

Title D  
Name ROGACHEVSKY, EILEEN  
Address 627 34TH AVE. NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title VP  
Name WALKER, LOLA H  
Address 350 2ND STREET N # 21  
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER  
Name MACDONALD, SCOTT W  
Address 405 20TH AVENUE NE  
City-State-Zip: SAINT PETERSBURG FL 33704

Title TRUSTEE  
Name JARED, ABELMAN  
Address 145 2ND AVE S  
APT 520  
City-State-Zip: SAINT PETERSBURG FL 33701

Title TRUSTEE  
Name LUIS, GARZON  
Address 7212 CAPTIVA CIRCLE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title TRUSTEE  
Name MARK, MARDER  
Address 6 ACADEMY WAY S  
City-State-Zip: SAINT PETERSBURG FL 33711

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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:** SCOTT MACDONALD

TREASURER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name JARED, ABELMAN  
Address 145 2ND AVE S  
APT 520  
City-State-Zip: SAINT PETERSBURG FL 33701

Title TRUSTEE  
Name LUIS, GARZON  
Address 7212 CAPTIVA CIRCLE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title TRUSTEE  
Name MARK, MARDER  
Address 6 ACADEMY WAY S  
City-State-Zip: SAINT PETERSBURG FL 33711