

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004086

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**7896068033CC**

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

**Current Principal Place of Business:**

13575 58TH STREET NORTH  
SUITE #107  
CLEARWATER, FL 33760

**Current Mailing Address:**

13575 58TH STREET NORTH  
SUITE #107  
CLEARWATER, FL 33760 US

**FEI Number:** 20-8936475

**Certificate of Status Desired:** No

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

STEINHAUSER, FAYE  
2350 ALEXANDER CIR  
#203  
CLEARWATER, FL 33763 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:** FAYE STEINHAUSER

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name AULD, MOLLY  
Address 2320 COFFEE POT BLVD  
City-State-Zip: ST. PETERSBURG FL 33704

Title TRUSTEE  
Name WARREN, ROBIN K  
Address 350 2ND STREET N  
UNIT #25  
City-State-Zip: SAINT PETERSBURG FL 33701

Title TRUSTEE  
Name SMITH, KRISTIN  
Address ONE PROGRESS PLAZA  
SUITE #165  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name ABELMAN, JARED BRIAN  
Address 199 DALI BLVD  
APT 407  
City-State-Zip: SAINT PETERSBURG FL 33701

Title SECRETARY  
Name GONZALEZ, DAVID  
Address 444 JOYCE TERRACE NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title TRUSTEE  
Name WATT, ZACHARY  
Address 3201 W SAN LUIS ST  
City-State-Zip: TAMPA FL 33629

Title TRUSTEE  
Name KNIGHT, RON  
Address 9906 CRAFTSMAN PARKWAY  
City-State-Zip: PALMETTO FL 34221

Title TRUSTEE  
Name KNIGHT, SANDY  
Address 9906 CRAFTSMAN PARKWAY  
City-State-Zip: PALMETTO FL 34221

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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:** FAYE STEINHAUSER

**EXECUTIVE DIRECTOR**

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEINHAUSER, FAYE  
Address 2350 ALEXANDER CIR  
#203  
City-State-Zip: CLEARWATER FL 33763

Title TREASURER  
Name RAMOS AMADOR, AYLED  
Address 111 N 12TH STREET  
UNIT 1328  
City-State-Zip: TAMPA FL 33602

Title TRUSTEE  
Name CHRISTIE, MICHELLE  
Address 725 MARION OAKS TRAIL  
City-State-Zip: OCALA FL 34473

Title TRUSTEE  
Name NIXON, AMBER  
Address 4711 E 98TH AVE  
City-State-Zip: TAMPA FL 33617