## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006931

Entity Name: PTF 3 RESTORATION PROJECT, INC.

**Current Principal Place of Business:** 

910 BISCAYNE BLVD. DELAND. FL 32724

**Current Mailing Address:** 

910 BISCAYNE BLVD. DELAND, FL 32724

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

SCHWEIZER, ALFRED 910 BISCAYNE BLVD. DELAND, FL 32724 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

FILED Feb 14, 2017

**Secretary of State** 

CC0445112908

Certificate of Status Desired: No

Officer/Director Detail:

Title P Title VP

Name SCHWEIZER, ALFRED Name ROWLEY, DON

Address 910 BISCAYNE BLVD. Address 910 BISCAYNE BLVD.

City-State-Zip: DELAND FL 32724 City-State-Zip: DELAND FL 32724

Title S Title T

NameLOWENSTEIN, PETENameWEITER, FRANKAddress910 BISCAYNE BLVD.Address910 BISCAYNE BLVD.City-State-Zip:DELAND FL 32724City-State-Zip:DELAND FL 32724

Title DIRECTOR Title DIRECTOR

NamePEGRAM, ELNameBRADEEN, HAROLDAddress910 BISCAYNE BLVD.Address910 BISCAYNE BLVD.

City-State-Zip: DELAND FL 32724 City-State-Zip: DELAND FL 32724

TitleDIRECTORTitleDIRECTORNameSCHENDEL, MIKENameMAKRIS, GREGAddress910 BISCAYNE BLVD.Address910 BISCAYNE BLVD.

City-State-Zip: DELAND FL 32724 City-State-Zip: DELAND FL 32724

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: ALFRED SCHWEIZER PRESIDENT 02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date