

**2024 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

**Certificate of Status Desired:** No

**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

**Officer/Director Detail :**

Title P  
Name SCHWEIZER, ALFRED  
Address 910 BISCAYNE BLVD.  
City-State-Zip: DELAND FL 32724

Title VP  
Name ROWLEY, DON  
Address 910 BISCAYNE BLVD.  
City-State-Zip: DELAND FL 32724

Title S  
Name LOWENSTEIN, PETE  
Address 910 BISCAYNE BLVD.  
City-State-Zip: DELAND FL 32724

Title T  
Name WEITER, FRANK  
Address 910 BISCAYNE BLVD.  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name BRADEEN, HAROLD  
Address 910 BISCAYNE BLVD.  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name SCHENDEL, MIKE  
Address 910 BISCAYNE BLVD.  
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**

**02/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date