

**2021 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****01/12/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date