

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006683

**Entity Name:** PROJECT L.I.F.T INC.**Current Principal Place of Business:**1330 SW 34TH ST.  
PALM CITY, FL 34990**Current Mailing Address:**1330 SW 34TH ST.  
PALM CITY, FL 34990 US**FEI Number:** 27-3949112**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZACCHEO, ROBERT JR.  
1330 SW 34TH ST.  
PALM CITY, FL 34990 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	CEO
Name	ZACCHEO, ROBERT JR.
Address	1330 SW 34TH ST.
City-State-Zip:	PALM CITY FL 34990
Title	VP
Name	KOWALSKI, STEVEN
Address	3256 SW NEWBERRY COURT
City-State-Zip:	PALM CITY FL 34990
Title	DIRECTOR
Name	KYPREOS, JENNIFER
Address	525 OKEECHOBEE BLVD. SUITE 1100
City-State-Zip:	WEST PALM BEACH FL 33401
Title	TREASURER
Name	ECHAZABAL, TONY
Address	2397 SW INDIGO LANE
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	PRESIDENT
Name	LIBBY, HENRY
Address	2820 SE DUNE DRIVE UNIT 2360
City-State-Zip:	STUART FL 34996
Title	DIRECTOR
Name	GAINEY, ELMIRA
Address	5320 SE STERLING CIRCLE
City-State-Zip:	STUART FL 34997
Title	SECRETARY
Name	SHOPPE, PAUL
Address	2220 SE OCEAN BLVD. SUITE 201
City-State-Zip:	STUART FL 34996
Title	DIRECTOR
Name	TAUBE, FRANK
Address	390 ENTERPRISE COURT SUITE 200
City-State-Zip:	BLOOMFIELD HILLS MI 48302

**Continues on page 2**

*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:** ROBERT ZACCHEO JR.

CEO

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAYEK, CHARLES  
Address 1111 FERNANDINA STREET  
City-State-Zip: FT. PIERCE FL 34949

Title DIRECTOR  
Name BOHNER, JESSICA  
Address 123 CASSILY WAY  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name MORIARITY, ROW  
Address 6997 SOUTHEAST HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name LEMASNEY, MARK  
Address 18401 SE LAKESIDE DRIVE  
City-State-Zip: JUPITER FL 33469