

**2017 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: No****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 DIRECTOR  
Name FERRARO, RUSSELL JIII  
Address 3601 SE OCEAN BLVD, SUITE 201  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name SADE, SCOTT  
Address 477 RIVERSIDE DRIVE  
City-State-Zip: STUART FL 34994

Title CEO  
Name ZACCHEO, ROBERT JR.  
Address 1330 SW 34TH ST.  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name LONES, CARYN  
Address 800 SE MONTEREY COMMONS BLVD.  
SUITE #100  
City-State-Zip: STUART FL 34996

Title PRESIDENT  
Name MARTINUICK, RICHARD  
Address 2334 NE DIXIE HIGHWAY  
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR  
Name SMITH, JADE  
Address 201 FLAGLER ST.  
City-State-Zip: STUART FL 34994

Title VP  
Name LIBMAN, MICHELE DR.  
Address 1050 SE MONTEREY RD  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GASKIN, ELIZABETH  
Address 2400 SE SALERNO ROAD  
City-State-Zip: STUART FL 34994

**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****04/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                DAVIS, DUSTIN  
Address             5995 SW COMMUNITY DRIVE  
City-State-Zip:    STUART FL 34997

Title                 SECRETARY  
Name                STOYANOVICH, MERRY  
Address             991 SW SQUIRE JOHNS LANE  
City-State-Zip:    PALM CITY FL 34990

Title                 TREASURER  
Name                HUFF, MARI  
Address             218 SE OSCEOLA ST.  
City-State-Zip:    STUART FL 34994