

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10893

**Entity Name:** PROJECT RETURN, INC.**Current Principal Place of Business:**304 W WATERS AVE  
TAMPA, FL 33604**Current Mailing Address:**304 W WATERS AVE  
TAMPA, FL 33604**FEI Number:** 59-2612753**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MITCHELS, NATALIE  
304 WEST WATERS AVE  
TAMPA, FL 33604 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	STD
Name	ADAMS, DEBORAH
Address	5419 HAMMOCK VIEW LANE
City-State-Zip:	APOLLO BEACH FL 33572

Title	MD
Name	MITCHELS, NATALIE
Address	303 WEST WATERS AVE
City-State-Zip:	TAMPA FL 33604

Title	D
Name	PRESTON, MARIE
Address	1057 S. CLEARVIEW AVENUE
City-State-Zip:	TAMPA FL 33629

Title	D
Name	HIGGINS, LAWRENCE MON.
Address	5225 N HIMES AVE
City-State-Zip:	TAMPA FL 33614

Title	PD
Name	KURTZMAN, ROBIN
Address	8218 RIVER BOAT DRIVE
City-State-Zip:	TAMPA FL 33637

*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:** NATALIE Y. MITCHELS**EXECUTIVE DIRECTOR****01/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date