

2022 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	170 E. BLOOMINGDALE AVE.
City-State-Zip:	BRANDON FL 33511

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

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

Title	DIRECTOR
Name	SPENCER, JESSICA
Address	P.O. BOX 256
City-State-Zip:	RIVERVIEW FL 33568

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 MITCHELS**EXECUTIVE DIRECTOR****01/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date