

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011380

**Entity Name:** PROJECT DETECT INC.

**Current Principal Place of Business:**

C/O RIVERWOOD GOLF COURSE  
4100 RIVERWOOD DRIVE  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

PO BOX 380846  
MURDOCK, FL 33938-0846 US

**FEI Number:** 45-4004744

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ANDERSON, RITA  
3438 PENNYROYAL RD  
PORT CHARLOTTE, FL 33953 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:** RITA ANDERSON

04/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name THURSTON, LINDA  
Address 3547 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title PRESIDENT  
Name ANDERSON, RITA  
Address 3438 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name MAURER, DEBORAH  
Address 2596 SAWGRASS MARSH CT  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name GILLESPIE, LISA  
Address 2911 MILL CREEK RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title VICE PRESIDENT  
Name WELLING, MAUREEN  
Address 13724 LAKE POINT CT  
City-State-Zip: PORT CHARLOTTE FL 33953

Title TREASURER  
Name MARSHALL, JIBBY  
Address 3482 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name TIERNAN, NANCY  
Address 2587 SAWGRASS MARSH CT  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name GRAHAM, KATHRYN  
Address 3640 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

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*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:** RITA ANDERSON

REGISTERED AGENT

04/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHOUP, KAREN  
Address 3124 SILKWOOD LN  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name FAY, MARTHA  
Address 13312 GOLF POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

Title SECRETARY  
Name ROSECRANS, SANDY  
Address 2831 MILL CREEK RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name LEITHAUSER, CECELIA  
Address 3456 PENNYROYAL RD  
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR  
Name BEATTY, CATHY  
Address 13331 GOLF POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953