

2021 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: No

Name and Address of Current Registered Agent:

ANDERSON, RITA
C/O RIVERWOOD GOLF COURSE
4100 RIVERWOOD DRIVE
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

04/08/2021

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 DIRECTOR
Name CEA, ANN
Address 2903 MILL CREEK RD
City-State-Zip: PORT CHARLOTTE FL 33953

Title SECRETARY
Name BONDE, BETSY
Address 2823 MILL CREEK 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 KRASNER, JOYCE
Address 13320 CREEKSIDE LN
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name COVERT, CINDY
Address 13160 NORTH MARSH DR
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 DIRECTOR
Name WELLING, MAUREEN
Address 13724 LAKE POINT CT
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

PRESIDENT

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SINGLEY, NAN
Address 3310 BAY RIDGE WAY
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name BOUVIER, VERONICA
Address 2863 MILL CREEK RD
City-State-Zip: PORT CHARLOTTE FL 33953

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

Title DIRECTOR
Name DEWITT, JAN
Address 14108 MYAKKA POINTE DR, PORT
CHARLOTTE, FL, USA
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name LANCETTE, BARBARA
Address 2879 MILL CREEK RD
City-State-Zip: PORT CHARLOTTE FL 33953