

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

DOCUMENT# N13000000618

**Entity Name:** THE GIRL RETHOUGHT PROJECT, INC.**Current Principal Place of Business:**2103 CORAL WAY  
MAIMI, FL 33145**Current Mailing Address:**1127 GRANT AVE  
2ND FLOOR  
BROOKLYN, NY 11208 US**FEI Number:** 46-1892546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REESE, ALECHIA N  
2103 CORAL WAY  
MAIMI, FL 33145 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	PCEO
Name	REESE, ALECHIA N
Address	2851 W PROSPECT RD, 404
City-State-Zip:	TAMARAC FL 33309

Title	SD
Name	CAMPBELL, JARDINA
Address	1818 SW 1ST AVENUE
City-State-Zip:	MIAMI FL 33129

Title	D
Name	CLACKLEY, PATRICIA
Address	1625 S FEDERAL HWY APT 207
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	WADE, JAMILLAH
Address	2127 BRICKELL AVE. 2104
City-State-Zip:	MIAMI FL 33129

Title	DIRECTOR
Name	WIMBERLY, LAKESIA R
Address	1986 29TH STREET
City-State-Zip:	SARASOTA FL 34234

Title	TD
Name	MOORE, KAVEECIA
Address	1805 SANS SOUCI BLVD., APT 317
City-State-Zip:	MIAMI FL 33181

Title	VP
Name	SANZ, ELVIA
Address	14152 SW 291ST TERRACE
City-State-Zip:	HOMESTEAD FL 33033

Title	TRUSTEE
Name	PORTIS, CLINTON
Address	2127 BRICKELL AVE 2104
City-State-Zip:	MIAMI FL 33129

**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:** ALECHIA REESE

PCEO

08/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PIERRE-LOUIS , ALEX
Address	20533 BISCAYNE BLVD 4523
City-State-Zip:	AVENTURA FL 33180