

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13488

Entity Name: PROJECT HELP, INC.**Current Principal Place of Business:**3123 TERRACE AVENUE
NAPLES, FL 34104**Current Mailing Address:**3123 TERRACE AVENUE
NAPLES, FL 34104 US**FEI Number:** 59-2655969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENGLISH, MICHELLE
3123 TERRACE AVENUE
NAPLES, FL 34104 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 TREASURER
Name MCGUIRE, PHIL
Address 3123 TERRACE AVENUE
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name JOHNSON, JENNIFER
Address 3123 TERRACE AVENUE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name ENGLISH, MICHELLE
Address 3123 TERRACE AVENUE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name THRELKELD, SARAH
Address 3123 TERRACE AVE
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name GROENTEMAN, JACQUES
Address 15793 DELASOL LANE
City-State-Zip: NAPLES FL 34110

Title VP
Name ROBERTS, CHRIS
Address 3123 TERRACE AVENUE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name PRESS, LAURA
Address 3123 TERRACE AVENUE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name LAPIDUS, CHRIS
Address 3123 TERRACE AVE
City-State-Zip: NAPLES FL 34104

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: MICHELLE ENGLISH**DIRECTOR****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date