

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006019

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC2497967882**

**Entity Name:** THE 22 PROJECT INC.

**Current Principal Place of Business:**

4800 LINTON BLVD STE 502A  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4800 LINTON BLVD STE 502A  
DELRAY BEACH, FL 33445 US

**FEI Number:** 47-1180415

**Certificate of Status Desired:** No

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

YATES, CHRISTINE P ESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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:** CHRISTINE P. YATES, ESQ.

02/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, TREASURER  
Name CRUZ, ALEX F  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR, VP, SECRETARY  
Name CRUZ, ERICA  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name ANDERSON, PETER  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name OTT, REBECCA  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name MOOK, DONALD J  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name GIFFORD, ERIC  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name BOWERS, JOHN  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name JERLA, THOMAS  
Address 4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

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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:** ALEXIS F. CRUZ

PRESIDENT

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOHNSTON, SCOTT  
Address        4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           COLMENARES, ANTONIO  
Address        4800 LINTON BLVD STE 502A  
City-State-Zip: DELRAY BEACH FL 33445