

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008205

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC8369715292**

**Entity Name:** THE AARON PROJECT INC

**Current Principal Place of Business:**

10108 SPYGLASS LANE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 880821  
PORT ST LUCIE, FL 34988

**FEI Number: 47-1803361**

**Certificate of Status Desired: Yes**

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

FETTERMAN, ADAM M  
10380 SW VILLAGE CENTER DR #328  
PORT ST LUCIE, FL 34987 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 PD  
Name BEAUCHAMP, LILLIAN  
Address PO BOX 880821  
City-State-Zip: PORT ST LUCIE FL 34988

Title D  
Name RODRIGUEZ, VICTORIA  
Address PO BOX 880821  
City-State-Zip: PORT ST LUCIE FL 34988

Title D  
Name STEWART, JAY  
Address PO BOX 880821  
City-State-Zip: POR ST LUCIE FL 34988

*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: LILLIAN BEAUCHAMP**

**PRESIDENT**

**02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date