

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009650

Entity Name: PROJECT GIVE SALINAS, PR, INC.**Current Principal Place of Business:**2356 WALNUT HEIGHTS RD
APOPKA, FL 32703**Current Mailing Address:**2356 WALNUT HEIGHTS RD
APOPKA, FL 32703 US**FEI Number: 82-2908570****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLON, NIRMABEL
2356 WALNUT HEIGHTS RD
APOPKA, FL 32703 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 PRESIDENT
Name COLON-SANTIAGO, BRENDA LIZ
Address 10919 MOSS PARK RD UNIT 845
City-State-Zip: ORLANDO FL 32832Title D
Name MARTINEZ-COLON, EMMANUEL
Address 216 LAKE THOMAS DR
City-State-Zip: WINTER HAVEN FL 33800Title V
Name MARTINEZ-LEBRON, EMMANUEL
Address 216 LAKE THOMAS DR
City-State-Zip: WINTER HAVEN FL 33880Title VS
Name MALDONADO-TORRES, SONIA N
Address 77049 ANDORA DR
City-State-Zip: YULEE FL 32097Title VT
Name COLON, NIRMABEL
Address 2356 WALNUT HEIGHTS ROAD
City-State-Zip: APOPKA FL 32703

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: NIRMABEL COLON**VICE
PRESIDENT/TREASURER****04/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date