

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002277

**Entity Name:** PURPLE HEART CANE PROJECT

**Current Principal Place of Business:**

5206 EAGLE DR  
FT PIERCE, FL 34951

**Current Mailing Address:**

5206 EAGLE DR  
FT PIERCE, FL 34951 UN

**FEI Number: 88-1194359**

**Certificate of Status Desired: No**

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

LASENBY, FRANCIS L  
5206 EAGLE DR  
FT PIERCE, FL 34951 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 P/D  
Name LASENBY, FRANCIS L  
Address 5206 EAGLE DR  
City-State-Zip: FORT PIERCE FL 34951

Title VP  
Name ORRE, LEE  
Address 1250 40TH AVE  
City-State-Zip: VERO BEACH FL 32960

Title SEC  
Name RAULERSON, TERESA  
Address 5110 BUCHANAN DR.  
City-State-Zip: FORT PIERCE FL 34982

Title TRE  
Name FORD, BRIAN  
Address 717 S/W MYAKKA RIVER TRACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIR  
Name STUKSKIS, GEORGE  
Address 6621 GAVIOTA COURT  
City-State-Zip: FT. PIERCE FL 34951

Title DIR  
Name KIPER, MICHAEL  
Address 2252 S/W INCA TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34983

*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: BRIAN W. FORD**

**TREASURER**

**01/23/2024**

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

\_\_\_\_\_  
Date