2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000009746

Entity Name: THE JOSEPH PROJECT FUND, INC.

Current Principal Place of Business:

3223 GALLAGHER ROAD DOVER, FL 33527

Current Mailing Address:

3223 GALLAGHER ROAD DOVER, FL 33527 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 N. HIGHLAND AVENUE TAMPA, FL 33602 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

Officer/Director Detail :

Title	D	Title	D
Name	MICHAEL HURLBURT	Name	RODNEY ENGLISH
Address	3223 GALLAGHER ROAD	Address	3223 GALLAGHER ROAD
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527
Title	D	Title	D
Name	STEVE WOOTEN	Name	JOE HOBSON
Address	3223 GALLAGHER ROAD	Address	3223 GALLAGHER ROAD
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527
Title	D	Title	D
Title Name	D TINA SIKES	Title Name	D CHRIS MOYER
	-		-
Name	TINA SIKES	Name	CHRIS MOYER
Name Address City-State-Zip:	TINA SIKES 3223 GALLAGHER ROAD	Name Address	CHRIS MOYER 3223 GALLAGHER ROAD
Name Address	TINA SIKES 3223 GALLAGHER ROAD DOVER FL 33527	Name Address City-State-Zip:	CHRIS MOYER 3223 GALLAGHER ROAD DOVER FL 33527
Name Address City-State-Zip: Title Name	TINA SIKES 3223 GALLAGHER ROAD DOVER FL 33527 D VALERIE WENT	Name Address City-State-Zip: Title	CHRIS MOYER 3223 GALLAGHER ROAD DOVER FL 33527 D
Name Address City-State-Zip: Title	TINA SIKES 3223 GALLAGHER ROAD DOVER FL 33527 D	Name Address City-State-Zip: Title Name	CHRIS MOYER 3223 GALLAGHER ROAD DOVER FL 33527 D DR. T.J. FRANCIS (EX OFFICIO) 3223 GALLAGHER ROAD

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: MICHAEL HURLBURT

D

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Date