2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38003

Entity Name: MAASAI SPECIAL PROJECTS FUND, INC.

FILED Mar 03, 2015 **Secretary of State** CC9681292873

Current Principal Place of Business:

MAASAI SPECIAL PROJECTS FUND, INC. 505 BEACHLAND BLVD., SUITE 1, PMB 264 VERO BEACH, FL 32963

Current Mailing Address:

MAASAI SPECIAL PROJECTS FUND, INC. 505 BEACHLAND BLVD., SUITE 1, PMB 264 VERO BEACH, FL 32963

FEI Number: 65-0216787 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JAMES A. TAYLOR, III 2101 INDIAN RIVER BLVD. SUITE 200 VERO BEACH, FL 32960 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:

Date Electronic Signature of Registered Agent

Title

Title

Officer/Director Detail:

Title VP. DIRECTOR Title PRESIDENT, DIRECTOR Name BLACK, JEFF DR. Name STRANG, FRED FOY DR. 400 WAIGHT STREET 505 BEACHLAND BLVD. Address Address SUITE 1, PMB. 264

City-State-Zip: BEAUFORT SC 29902 City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR

TREASURER, DIRECTOR FORT, ROBERT DR. Name Name ROE, MORGAN 415 WILLOW OAK CT. Address Address **PO BOX 900**

City-State-Zip: FORT MEADE FL City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR

MARSHALL, CRAIG **SECRETARY** Name Name

CRAIG, CAROL Address 1249 PLUM BRANCH LANE

Address 3280 TURNBERRY CIRCLE City-State-Zip: FORT MILL SC 29715

CHARLOTTESVILLE VA 22911 City-State-Zip: Title DIRECTOR

Title DIRECTOR Name LOHUIS, NEAL BATES, JAYNE Name **588 10TH COURT** Address Address P.O. BOX 952 City-State-Zip: VERO BEACH FL 32962

City-State-Zip: FT. MEADE FL 33841

Continues on page 2

DIRECTOR, CORRESPONDING

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: FRED FOY STRANG **PRESIDENT**

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTOR, OTHERNamePULEI, MOSES PHDNameSTRANG, CECILY PHD

Address 206 W. ELCLIFF AVE. Address P.O. BOX 1404

City-State-Zip: SPOKANE WA 99251 City-State-Zip: BRISTOL TN 37621