

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38003

**FILED**  
**Apr 28, 2018**  
**Secretary of State**  
**CC4808642132**

**Entity Name:** MAASAI SPECIAL PROJECTS FUND, INC.

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name BLACK, JEFF DR.  
Address 400 WAIGHT STREET  
City-State-Zip: BEAUFORT SC 29902

Title PRESIDENT, DIRECTOR  
Name STRANG, FRED FOY DR.  
Address 2302 AVALON AVE.  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name FORT, ROBERT DR.  
Address 415 WILLOW OAK CT.  
City-State-Zip: FORT MEADE FL

Title TREASURER, DIRECTOR  
Name ROE, MORGAN  
Address PO BOX 900  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name MARSHALL, CRAIG  
Address 1249 PLUM BRANCH LANE  
City-State-Zip: FORT MILL SC 29715

Title DIRECTOR, CORRESPONDING SECRETARY  
Name CRAIG, CAROL  
Address 3280 TURNBERRY CIRCLE  
City-State-Zip: CHARLOTTESVILLE VA 22911

Title DIRECTOR  
Name LOHUIS, NEAL  
Address 588 10TH COURT  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name BATES, JAYNE  
Address P.O. BOX 952  
City-State-Zip: FT. MEADE FL 33841

**Continues on page 2**

*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**

**04/28/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PULEI, MOSES PHD  
Address        206 W. ELCLIFF AVE.  
City-State-Zip: SPOKANE WA 99251

Title           DIRECTOR, OTHER  
Name           STRANG, CECILY PHD  
Address        P.O. BOX 1404  
City-State-Zip: BRISTOL TN 37621