

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731371

FILED
Jun 02, 2006
Secretary of State

Entity Name: PROJECT HEALTH, INC.

Current Principal Place of Business:

1425 S US 301
SUMTERVILLE, FL 33585 US

New Principal Place of Business:

Current Mailing Address:

1425 S US 301
SUMTERVILLE, FL 33585 US

New Mailing Address:

FEI Number: 59-1664577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, EVERETT
1425 US HWY 301
SUMTERVILLE, FL 33585 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SINGLETON, DOSSIE
Address: 776 EAST CIR 462
City-St-Zip: WILDWOOD, FL 34785

Title: TD () Delete
Name: SEMBOWER, WILLIAM T
Address: 4886 CR 688
City-St-Zip: WEBSTER, FL

Title: CD () Delete
Name: ALLEN, JAMES L
Address: 4012 CR 535 SOUTH
City-St-Zip: BUSHNELL, FL 33513

Title: VD () Delete
Name: THIGPEN, JIM
Address: 1467 CR 543A
City-St-Zip: SUMTERVILLE, FL 33585

Title: P () Delete
Name: KELLY, EVERETT
Address: 1425 S US 301
City-St-Zip: SUMTERVILLE, FL 33585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SINGLETON, DOSSIE
Address: 776 EAST CR 462
City-St-Zip: WILDWOOD, FL 34785

Title: TD (X) Change () Addition
Name: SEMBOWER, WILLIAM T
Address: 4886 CR 688
City-St-Zip: WEBSTER, FL 33597

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MORLEY, MICHELLE
Address: 303-A NORTH TEXAS AVE
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVERETT KELLY

P

06/02/2006

Electronic Signature of Signing Officer or Director

Date