

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731371

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: PROJECT HEALTH, INC.

**Current Principal Place of Business:**

1425 S US HWY 301  
SUMTERVILLE, FL 33585 US

**New Principal Place of Business:**

**Current Mailing Address:**

1425 S US HWY 301  
SUMTERVILLE, FL 33585 US

**New Mailing Address:**

FEI Number: 59-1664577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: SINGLETON, DOSSIE SECRETA  
Address: 776 EAST CR 462  
City-St-Zip: WILDWOOD, FL 34785

Title: TD  
Name: SEMBOWER, WILLIAM T TREASUR  
Address: 4886 CR 688  
City-St-Zip: WEBSTER, FL 33597

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

Title: VD  
Name: GRAY, IVORY VICE-CH  
Address: P.O. BOX 1317  
City-St-Zip: WILDWOOD, FL 34785

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

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: EVERETT KELLY

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date