

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004637

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE EZRA PROJECT INC.

Current Principal Place of Business:

318 SOUTHEAST 4TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

318 SOUTHEAST 4TH TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 02-0595213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG, NEIL
318 SOUTHEAST 4TH TERRACE
CAPE CORAL, FL 33990 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: PD () Delete
Name: SILVERBERG, NEIL
Address: 318 SOUTHEAST 4TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: SILVERBERG, MICHELE
Address: 318 SOUTHEAST 4TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: BECK, JAMES PETE
Address: 1188 LEGACY FARE DRIVE
City-St-Zip: PLEASANT GARDEN, NC 27313

Title: VPD () Delete
Name: STETSON, SIDNEY
Address: 290 MIDDLE CREEK WAY
City-St-Zip: MADISONVILLE, TN 37354

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE SILVERBERG

SD

04/25/2009

Electronic Signature of Signing Officer or Director

Date