

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

6/1

FILED
Jul 21, 2008 8:00 am
Secretary of State

06-05-2008 90001 016 ****61.25

DOCUMENT # N00000004720

1. Entity Name
PROJECT HUNGARY, INC.



Principal Place of Business
**1300 RIVERPLACE BLVD
101
JACKSONVILLE, FL 32207**

Mailing Address
**1300 RIVERPLACE BLVD
101
JACKSONVILLE, FL 32207**

66015447



05052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3711177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPENCER, KENDALL
13840 ADMIRALS BEND DRIVE
JACKSONVILLE, FL 32225-5420**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST DENIS, DONALD 3210 SAN JOSE BLVD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRWABRIDGE, VINCE 5058 SHADY LAKE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAUN, ADAM 375 MACY ST WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCER, KENDALL 13840 ADMIRALS BEND JACKSONVILLE, FL 32225-5425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 904-3961986