

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006850

FILED
Jan 20, 2009
Secretary of State

Entity Name: PROJECT SPECIAL CARE INC.

Current Principal Place of Business:

2155 OLD MOULTRIE
SUITE 101
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2155 OLD MOULTRIE
SUITE 101
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3675101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, GARY
2155 OLD MOULTRIE ROAD
SUITE 101
SAINT AUGUSTINE, FL 32086 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: EXEC () Delete
Name: BRUCE, GARY
Address: 303 CORTEZ DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DIR () Delete
Name: LOH, ALAN
Address: 3932 S PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: CHAI () Delete
Name: EVANS, JESSICA
Address: 1420 US HWY 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ADI () Delete
Name: ROSA, DENISE R
Address: 328 PALMAS CIRCLE
City-St-Zip: SAINT AUGUSTINE, F 32086

Title: DIR () Delete
Name: MARVIN, PATRICIA PHD
Address: ONE UNIVERSITY BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DIR () Delete
Name: CHASE, LISA PHD
Address: ONE UNIVESITY BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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:

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: GARY BRUCE

DIRE

01/20/2009

Electronic Signature of Signing Officer or Director

Date