

AMENDMENT

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO2000002425**

1. Entity Name

Project Good Deeds, Inc.



03 JUN 16 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

220 Sunrise Avenue

Suite, Apt. #, etc.

Suite 103

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Address

220 Sunrise Avenue

Suite, Apt. #, etc.

Suite 103

City & State

Palm Beach, FL

Zip

33480

Country

USA

700020884107
06/16/03--01035--017 **\$1.25

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0421559

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffery N. Young

Street Address (P.O. Box Number is Not Acceptable)

220 Sunrise Avenue, Suite 103

City

Palm Beach,

FL

Zip Code

33480

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, S, T, D	TITLE	
NAME	Jeffery N. Young	NAME	
STREET ADDRESS	220 Sunrise Avenue, Suite 103	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Vanessa L. Banchs	NAME	
STREET ADDRESS	220 Sunrise Avenue, Suite 103	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Michael A. Schelling	NAME	
STREET ADDRESS	9 North O Street	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33460	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)