2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N03000007856

Entity Name: PROJECT CHANCE, INC.

Current Principal Place of Business:

95512 ARBOR LANE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

95512 ARBOR LANE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 56-2403830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZWEDZINSKI, B.J.
1662 ARBOR LANE
FERNANDINA BEACH, FL 32034 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:	CSD	( ) Delete
Name:	SZWEDZINSKI, B.J.	
Address:	95512 ARBOR LANE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	PEREZ, ERIKA	
Address:	1662 ARBOR LANE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	KUTUDIS-KEYEN, ANN	
Address:	1662 ARBOR LANE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	S	( ) Delete
Name:	CRAWFORD, MARY	
Address:	PMB 392 11250-15 OLD ST. AUGUSTINE RD	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	T	( ) Delete
Name:	WECHSLER, RHONDA	
Address:	189 GREENCREST DR	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

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:	

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: B. J. SZWEDZINSKI CSD 02/19/2009

Electronic Signature of Signing Officer or Director — Date