

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009374

FILED
Jan 24, 2008
Secretary of State

Entity Name: PROJECT GRADUATION FOUNDATION, INC.

Current Principal Place of Business:

97 N SEWALLS POINT ROAD
SEWALLS POINT, FL 34996

New Principal Place of Business:

97 N SEWALLS POINT ROAD
STUART, FL 34996

Current Mailing Address:

P.O. BOX 2473
STUART, FL 34995

New Mailing Address:

FEI Number: 84-1640104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLAND, STELLA CHAIR
97 N SEWALLS POINT ROAD
SEWALLS POINT, FL 34996 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: CHAI () Delete
Name: BOLAND, STELLA
Address: 97 N SEWALLS POINT ROAD
City-St-Zip: SEWALLS POINT, FL 34996

Title: VCHA () Delete
Name: DEBERARD, LAURA
Address: 37 N RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: TREA () Delete
Name: STACEY, KATHLEEN
Address: 1900 SW BELGRAVE TERRACE
City-St-Zip: STUART, FL 34997

Title: SECR () Delete
Name: ADDEO, GREGORY
Address: 4160 SE OLD SAINT LUCIE BLVD
City-St-Zip: STUART, FL 34996

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: KATHLEEN M. STACEY

TREA

01/24/2008

Electronic Signature of Signing Officer or Director

Date