

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90251 039 ****70.00

DOCUMENT # N04000004990

1. Entity Name
PROJECT SUCCESS, INC.



Principal Place of Business
**820 REID ST.
PALATKA, FL 32177 US**

Mailing Address
**160 RIVER DR.
EAST PALATKA, FL 32131**

66020302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1225566

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, GWENDOLYN B
160 RIVER DRIVE
EAST PALATKA, FL 32131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Gwendolyn B. Evans

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EVANS, GWENDOLYN B
STREET ADDRESS 160 RIVER DRIVE
CITY-ST-ZIP EAST PALATKA, FL 32131 ☐ Delete

TITLE VD
NAME EVANS, KIMBERLY
STREET ADDRESS PO BOX 14223
CITY-ST-ZIP JACKSONVILLE, FL 322081223 ☐ Delete

TITLE D
NAME BONAPARTE, JOHN
STREET ADDRESS 904 CENTER ST.
CITY-ST-ZIP CRESCENT CITY, FL 32212 ☐ Delete

TITLE D
NAME WRIGHT, TIFFANY
STREET ADDRESS 160 RIVER DR.
CITY-ST-ZIP EAST PALATKA, FL 32131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Wyche, Robert
STREET ADDRESS 160 River Drive
CITY-ST-ZIP East Palatka, FL 32131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gwendolyn B. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #