2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N05000006301

Entity Name: PROJECT R.O.C.K. SOUTH, INC.

Current Principal Place of Business:

862 SW GLENVIEW CT.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

862 SW GLENVIEW CT.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-3076543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLIMAN, PHILBERT
6289 W. SUNRISE BLVD
SUITE 250
SUNRISE, FL 33313 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: DPT ( ) Delete
Name: FRECKLETON, L. W DR.
Address: 862 SW GLENVIEW CT.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: TOWNSEND, QUEEN S
Address: 5335 NW NASSAU LN.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: FLOYD, BERNADETTE
Address: 700 SW DARWIN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: LEE, ALICE
Address: 7936 SADDLEBROOK DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete
Name: WASHINGTON, DAVID
Address: 5500 NW ST. JAMES DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: BROWN, NANCY
Address: 2909 DELAWARE AVE.
City-St-Zip: FT. PIERCE, FL 34747

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: DR. L. WINSTON FRECKLETON DPT 03/04/2008

Electronic Signature of Signing Officer or Director — Date