

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006301

FILED
Apr 14, 2009
Secretary of State

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: D (X) Change () Addition
Name: REDIC, BARBARA
Address: 349 SW EASTPORT CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D (X) Change () Addition
Name: CRAIG, MARY
Address: 1500 A NW AMHERST DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Change () Addition
Name: AMSTED, WILLIAM
Address: 34440 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

Title: D (X) Change () Addition
Name: MILLER, OTELIA F
Address: P.O. BOX 215
City-St-Zip: PORT SALERNO, FL 34992

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: L. W. FRECKLETON

DPT

04/14/2009

Electronic Signature of Signing Officer or Director

Date