2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
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
Name: BLAKE, CORNELIUS
Address: 862 SW GLENVIEW CT.
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: D
Name: REDIC, BARBARA
Address: 349 SW EASTPORT CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: SHERRIFFE, JENNIFER
Address: 2910 SW CEDER DUNES COVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: AMSTED, WILLIAM
Address: 34440 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

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

I hereby 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 all other like empowered.

SIGNATURE: CORNELIUS BLAKE DPT 03/24/2011

Electronic Signature of Signing Officer or Director — Date