

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001807

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PROJECT PATCHWORK, INC.

## Current Principal Place of Business:

1219 E. IDLEWILD AVE.  
TAMPA, FL 33604

## New Principal Place of Business:

1405 DR. MLK, JR. ST. N.  
ST. PETERSBURG, FL 33704

## Current Mailing Address:

1219 E. IDLEWILD AVE.  
TAMPA, FL 33604

## New Mailing Address:

1405 DR. MLK, JR. ST. N.  
ST. PETERSBURG, FL 33704

FEI Number: 20-8595261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATES, MARIA T  
1219 E. IDLEWILD AVE.  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

BATES, MARIA T  
1405 DR. MLK, JR. ST. N.  
ST. PETERSBURG, FL 33704 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T ( ) Change (X) Addition  
Name: DILLON, PAMALA J  
Address: 1501 HULL ST. S.  
City-St-Zip: GULFPORT, FL 33707 US

Title: S ( ) Change (X) Addition  
Name: JOHNROSE-BROWN, ANNE-MARIE MD  
Address: 622 52ND AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: O ( ) Change (X) Addition  
Name: MARX, CHRISTOPHER  
Address: 440 DENISE ST.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: O ( ) Change (X) Addition  
Name: HENDRIX, KATHERINE  
Address: 31-52 35TH ST. #3F  
City-St-Zip: ASTORIA, NY 11106 US

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: MARIA BATES

ED

04/28/2008

Electronic Signature of Signing Officer or Director

Date