

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004086

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** PROJECT PROSPER, INC.

**Current Principal Place of Business:**

15460 - 1ST ST EAST  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

15460 - FIRST STREET EAST  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

15460 - 1ST ST EAST  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

**FEI Number:** 20-8936475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARGER, BRUCE ESQ  
200 CENTRAL AVE  
STE 1600  
ST PETERSBURG, FL 33701 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:** IPRZ  
**Name:** AULD, MOLLY  
**Address:** 400 BEACH DRIVE #205  
**City-St-Zip:** ST. PETERSBURG, FL 33701

**Title:** SEC  
**Name:** WARREN, ROBIN K  
**Address:** 15460 - 1ST ST EAST  
**City-St-Zip:** MADEIRA BEACH, FL 33708

**Title:** TRSR  
**Name:** DAVID, SCHANZER V  
**Address:** 22221 RED JACKET LANE  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** VP  
**Name:** LOLA, WALKER  
**Address:** 390 FOURTH STREET NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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:** DAVID V SCHANZER

TRSR

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date