

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007482

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE METANOIA PROJECT, INC.

Current Principal Place of Business:

9202 REDTAIL DRIVE
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

9202 REDTAIL DRIVE
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 26-0626530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, JOSHUA E
5210 BELFORT ROAD
400
JACKSONVILLE, FL 32256 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: P () Delete
Name: FRANKLIN, JOSHUA E
Address: 9202 REDTAIL DRIVE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: T () Delete
Name: STONE, JAMES
Address: 13821 PANTHER ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: S () Delete
Name: FRANKLIN, HOLLY L
Address: 9202 REDTAIL DRIVE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: D () Delete
Name: BAGGS, BRIAN II
Address: 3524 TWISTED TREE LANE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D () Delete
Name: BAGGS, BRIAN SR
Address: 558 WEST BLUSTER PACE
City-St-Zip: DUNNELLON, FL 34434 US

Title: D () Delete
Name: MASSICOTTE, STEPHEN
Address: 8332 MISTWOOD CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32244 US

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: HOLLY L. FRANKLIN

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date