

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008246

FILED  
Feb 02, 2010  
Secretary of State

Entity Name: PROJECT AKILAH, INC.

**Current Principal Place of Business:**

814 SOUTH DELAWARE AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

814 SOUTH DELAWARE AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 26-0770655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, CODY F  
110 NORTH 11TH STREET  
2ND FLOOR  
TAMPA, FL 33602 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: CEO  
Name: DAVIS, ELIZABETH D  
Address: 814 SOUTH DELAWARE AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: COO  
Name: DAVIS, BETH H  
Address: 814 SOUTH DELAWARE AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: BM  
Name: PRATT, JANE DR.  
Address: 36913 PAXSON RD.  
City-St-Zip: PURCELLVILLE, VA 20132

Title: ST  
Name: HEATON, LAURA  
Address: 1903 KALORAMA ROAD, NW, APT.4  
City-St-Zip: WASHINGTON, DC 20009

Title: BM  
Name: NG, JONATHAN  
Address: 4720 CENTER BLVD, #21133  
City-St-Zip: LONG ISLAND CITY, NY 11109

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: ELIZABETH HOLTON DAVIS

COO

02/02/2010

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

\_\_\_\_\_  
Date