2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# N07000010893

Entity Name: PROJECT CONNECT INCORPORATED

Current Principal Place of Business:

8303 LAGERFELD DR
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

8303 LAGERFELD DR
LAND O LAKES, FL 34637

New Mailing Address:

FEI Number: 26-1263770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, CRAIG REV.
FOREST HILLS PRESBYTERIAN CHURCH
709 W LINEBAUGH AVENUE
TAMPA, FL 336127853 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: REV. CRAIG MILLER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	KUHN, CHRISTINA	
Address:	13927 NOTLEY RD	
City-St-Zip:	SILVER SPRING, MD 20904	
Title:	T	( ) Delete
Name:	RAVENSCROFT, PAUL	
Address:	4618 WINDING STONE CIRCLE	
City-St-Zip:	OLNEY, MD 20832	
Title:	D	( ) Delete
Name:	LEE, JAMES	
Address:	8303 LAGERFELD DR	
City-St-Zip:	LAND O LAKES, FL 34637	
Title:	D	( ) Delete
Name:	MILLER, CRAIG	
Address:	10601 LAKE CARROL WAY	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	FOLEY, MAUREEN	
Address:	10353 MAYPOLE WAY	
City-St-Zip:	COLUMBIA, MD 21044	
Title:	D	( ) Delete
Name:	COLESON, JULIA	
Address:	14 TURNHAM LANE	
City-St-Zip:	GAITHERSBURG, MD 20878	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	REED, LAURA	
Address:	600 WALLACE AVE	
City-St-Zip:	LOUISVILLE, KY 40207	
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: CHRISTINA KUHN C 10/29/2008
Electronic Signature of Signing Officer or Director — Date