

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002876

FILED
Jun 23, 2009
Secretary of State

Entity Name: PROJECT 180 SARASOTA, INC.

Current Principal Place of Business:

2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25684
SARASOTA, FL 342772684

New Mailing Address:

FEI Number: 26-3092460 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:

Name and Address of New Registered Agent:

MERINGER, PATRICIA C
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDS, BARBARA
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237 US

Title: D () Delete
Name: BARKER, VANESSA PHD
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: MERINGER, PATRICIA JD
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: SALAHUDDIN, HUGUETTE
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: RICHARDS, BARBARA MS
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237 US

Title: DR. (X) Change () Addition
Name: BARKER, VANESSA PHD
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

Title: MS. (X) Change () Addition
Name: MERINGER, PATRICIA JD
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

Title: DR. (X) Change () Addition
Name: SALAHUDDIN, HUGUETTE DDS
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

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: BARBARA RICHARDS

MS.

06/23/2009

Electronic Signature of Signing Officer or Director

Date