

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006847

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: PROJECT SELF, INC.

## Current Principal Place of Business:

329 BILL FRANCE BLVD  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

329 BILL FRANCE BLVD  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 77-0714296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, ROBIN  
329 BILL FRANCE BLVD  
DAYTONA BEACH, FL 32114 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: C ( ) Delete  
Name: BRUMENSCHENKEL, JOSEPH MR.  
Address: 6001 PARK RIDGE DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: VCD ( ) Delete  
Name: TAYLOR, ELIZABETH MS.  
Address: PO BOX 2410  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: SD ( ) Delete  
Name: BEAULIEU, REMIE MR.  
Address: 329 BILL FRANCE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: GAMBLE, JOYOURS MR.  
Address: 211 NORTH RIDGEWOOD AVENUE, SUITE 200  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: KING, ROBIN R MS  
Address: 105 TARRAGONA WAY  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: JARVIS, C. SCOTT  
Address: 790 COMMONWEALTH BLVD  
City-St-Zip: PORT ORANGE, FL 32129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: BRUMENSCHENKEL, JOE MR.  
Address: 6001 PARK RIDGE DR  
City-St-Zip: PORT ORANGE, FL 32127

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: ROBIN KING

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date