

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009425

FILED
Jan 20, 2012
Secretary of State

Entity Name: PROJECT V.O.T.E., INC.

Current Principal Place of Business:

1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 45-3629988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, BETTYE
1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953 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: BUCHANAN, BETTYE
Address: 1526 SW PAAR DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP/D
Name: WIGGINS, ALFREDA L DR.
Address: 27 DEEP POWDER COURT
City-St-Zip: WOODSTOCK, MD 21163

Title: AT/D
Name: CHAPMAN, DAVID E SR.
Address: 3812 RIVERPINE DRIVE
City-St-Zip: MOSS POINT, MS 39563

Title: S/D
Name: MASON, MELVIN
Address: 460 WEST 147TH STREET #27
City-St-Zip: NEW YORK, NY 10031

Title: T/D
Name: OWENS, MERCY P
Address: 2523 WINSLEY PLACE
City-St-Zip: DULUTH, GA 33097

Title: AVPD
Name: MALONEY, RONALD R
Address: 590 CHARLES DRIVE
City-St-Zip: DOWNINGTOWN, PA 19335

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: BETTYE BUCHANAN

CEOD

01/20/2012

Electronic Signature of Signing Officer or Director

Date