

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90072 036 ****70.00

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DOCUMENT # N36919

1. Corporation Name

PROJECT RESPONSE, INC.

Principal Place of Business

**745 S APOLLO BLVD
MELBOURNE FL 32901
US**

Mailing Address

**745 S. APOLLO BLVD
MELBOURNE FL 32901
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/05/1990

4. FEI Number

59-3036563

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**BEVIS, JIMMIE N.
601 EAST NEW HAVEN AVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

Michael Fitzgerald

82 Street Address (P.O. Box Number is Not Acceptable)

3325 Rivercrest Dr. # 118

83

84 City

Melbourne

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael Fitzgerald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **BEVIS, JIMMIE N.**
STREET ADDRESS **601 EAST NEW HAVEN AVE.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VP** ☐ DELETE
NAME **CARTER, SCOTT**
STREET ADDRESS **1235 WILKINSON ST**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **S** ☐ DELETE
NAME **WILSON, NANCY**
STREET ADDRESS **4000 OLD SETTLEMENT ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **TD** ☐ DELETE
NAME **CALDERWOOD, JOE**
STREET ADDRESS **3455 FLOUNDER CREED RD**
CITY-ST-ZIP **MIMS FL**

TITLE **D** ☐ DELETE
NAME **BHAGAVATI, MA JAYA**
STREET ADDRESS **1115 ROSELAND ROAD - UNIT 11**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **D** ☒ DELETE
NAME **PICARD, WILLIAM GUY**
STREET ADDRESS **41 CIRCLE AVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Fitzgerald, Michael**
1.3 STREET ADDRESS **3325 Rivercrest Dr. # 118**
1.4 CITY-ST-ZIP **Melbourne, FL 32935**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Allan Brimhall**
6.3 STREET ADDRESS **3526 N. Harbor City Blvd.**
6.4 CITY-ST-ZIP **Melbourne, FL 32926**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Fitzgerald**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99
Date

407-617-7390
Daytime Phone #

CR2E037 (11/98)