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

03-04-1999 90173 013 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N46279**

1. Corporation Name

**PROJECT LAKE WORTH, INC.**

Principal Place of Business

1701 LAKE WORTH ROAD  
 LAKE WORTH FL 33460

Mailing Address

1701 LAKE WORTH ROAD  
 LAKE WORTH FL 33460

1059/6 - 901/3 - 13



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. BOX 147

27 Suite, Apt. #, etc.

28 City & State  
 LAKE WORTH FL

29 Zip Country

30 33460 USA

3. Date Incorporated or Qualified

12/02/1991

4. FEI Number

NOT APPLICABLE

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

KIRK GRANTHAM, ESQUIRE  
 1860 FOREST HILL BLVD., SUITE 105  
 WEST PALM BEACH FL 33406

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
 NAME EGLY, JOE  
 STREET ADDRESS 202 SO FEDERAL HWY 2  
 CITY-ST-ZIP LAKE WORTH FL 33460 ☐ DELETE

TITLE VD  
 NAME CUNNINGHAM, BART  
 STREET ADDRESS 309 S DIXIE HWY  
 CITY-ST-ZIP LAKE WORTH FL 33460 ☒ DELETE

TITLE D  
 NAME CAPPELLA, JOE  
 STREET ADDRESS 404 W LANTANA RD  
 CITY-ST-ZIP LANTANA FL 33462 ☒ DELETE

TITLE SD  
 NAME MORGAN, JOAN  
 STREET ADDRESS 126 S J STREET  
 CITY-ST-ZIP LAKE WORTH FL 33460 ☐ DELETE

TITLE TD  
 NAME TATE, JONI  
 STREET ADDRESS 1425 LUCERNE AVE  
 CITY-ST-ZIP LAKE WORTH FL 33460 ☐ DELETE

TITLE D  
 NAME CROCILLA, GERALD  
 STREET ADDRESS 1701 LAKE WORTH RD  
 CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PPD ☒ Change ☐ Addition  
 1.2 NAME EGLY, JOE  
 1.3 STREET ADDRESS 202 SOUTH FEDERAL HWY  
 1.4 CITY-ST-ZIP LAKE WORTH FL 33460

2.1 TITLE PD ☐ Change ☒ Addition  
 2.2 NAME DALE, DAVID  
 2.3 STREET ADDRESS 409 NORTH D STREET  
 2.4 CITY-ST-ZIP LAKE WORTH FL 33460

3.1 TITLE VPD ☐ Change ☒ Addition  
 3.2 NAME CROWSHORE, GARY  
 3.3 STREET ADDRESS 1813 -16TH AVE NORTH  
 3.4 CITY-ST-ZIP LAKE WORTH FL 33460

4.1 TITLE D ☐ Change ☒ Addition  
 4.2 NAME CUNNINGHAM, EVERETT  
 4.3 STREET ADDRESS 179 HARVARD DRIVE  
 4.4 CITY-ST-ZIP LAKE WORTH FL 33460

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

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-04-99(561)588-7137

CR2E037 (11/98)