

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002112

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PROJECT S.O.S., INC.

**Current Principal Place of Business:**

6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 59-3179894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLARKEY, PAM  
6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 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: D ( ) Delete  
Name: SPELLMAN, CHESTER  
Address: 1127 BLUE SKY WAY  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete  
Name: MULLARKEY, PAM  
Address: 1900 MOORINGS CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete  
Name: HARMON, MICHAEL  
Address: 2107 WATERFOOT LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: NASRALLAH, TONY  
Address: 932 EDGEWOOD AVENUE S  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: JACKSON, WILLIAM  
Address: 917 1ST STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: SELANDER, GUY  
Address: 2716 VIA BAYA LANE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

Title: D (X) Change ( ) Addition  
Name: NEWMAN, CHUCK  
Address: 24769 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PAM MULLARKEY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date