

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY STE 801
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY STE 801
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
6817 SOUTHPOINT PARKWAY STE 801
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: CEO
Name: MULLARKEY, PAM
Address: 4429 ALATAHAMA ST
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D
Name: NEWMAN, CHARLES
Address: 24769 HARBOUR VIEW DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D
Name: DADDARIO, LEANN
Address: 1504 DRURY COURT
City-St-Zip: ST. AGUSTINE, FL 32086

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

Title: D
Name: CHRISTOPHER, BROWN
Address: 2010 OAK HAMMOCK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: SELANDER, GUY
Address: 4209 BAYMEADOWS RD #1
City-St-Zip: JACKSONVILLE, FL 32217

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: PAM MULLARKEY

CEO

01/06/2011

Electronic Signature of Signing Officer or Director

Date