

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005306

1. Entity Name
PROJECT TEAMWORK, INC.



Principal Place of Business
9725 N NEW RIVER CANAL RD
STE 424
PLANTATION, FL 33324

Mailing Address
PO BOX 120764
FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0526275

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.
9725 N NEW RIVER CANAL RD
424
PLANTATION, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEHNKEN, B.J.
STREET ADDRESS 9725 N NEW RIVER CANAL RD # 424
CITY-ST-ZIP PLANTATION, FL 33324

TITLE CBOD
NAME WATSON, TOMMY REV
STREET ADDRESS 9725 N NEW RIVER CANAL RD # 424
CITY-ST-ZIP PLANTATION, FL 33324

TITLE SD
NAME MOORE-SWABY, GAIL
STREET ADDRESS 9725 N NEW RIVER CANAL RD # 424
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/30/07-80009-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BJ Behnken **BJ BEHNKEN, PRESIDENT** 754-214-5449
04/09/07