

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001415

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** THE PROJECT STABLE FOUNDATION, INC.

**Current Principal Place of Business:**

5790 SW 130 AVE  
SOUTHWEST RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

5790 SW 130 AVE  
SOUTHWEST RANCHES, FL 33330

**New Mailing Address:**

**FEI Number:** 65-0551042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCARTNEY, SHELDON  
5790 SW 130 AVE  
SOUTHWEST RANCHES, FL 33330 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: MCCARTNEY, SHELDON  
Address: 5790 SW 130 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete  
Name: MCCARTNEY, SANDRA  
Address: 5790 SW 130 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete  
Name: PERKINS, TOBY  
Address: 5220 SW 109 AVE  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: PAUL, JUDY  
Address: 14421 SW 24TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: D ( ) Delete  
Name: SEGAL, FRED  
Address: 2121 NORTH STATE ROAD 7  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: AXLER, HAL  
Address: 13510 SW 9 PLACE  
City-St-Zip: DAVIE, FL 33325

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHELDON MCCARTNEY

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date