

FILE NOW: FILING FEE IS \$61.25

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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000256**  
 1. Corporation Name  
**The Florence Project Inc.**

5 4 7 4 5 5  
 547455 - 90023 - 23

Principal Place of Business	Mailing Address
Http://www.florenceproject.org	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 120 S. Alcaniz St.	January 15, 1998
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 City & State	593503509
24 Country	29 Zip	Applied For
25	30 USA	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
Melissa Franklin		<del>NO</del> \$8.75 Additional Fee Required
1511 East Brainard St.		6. Election Campaign Financing
Pensacola, FL 32503		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name	Paula G. Drummond
82 Street Address (P.O. Box Number is Not Acceptable)	120 S. Alcaniz Street
83	
84 City	Pensacola, FL
85 Zip Code	32501

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: Paula G. Drummond 5-18-99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Franklin	1.2 NAME	Kathryn Smeland-Pebler
STREET ADDRESS	1511 East Brainard St.	1.3 STREET ADDRESS	Rural Route 32, Box 355
CITY-ST-ZIP	Pensacola, FL 32503	1.4 CITY-ST-ZIP	Freehold, NY 12431
TITLE	Vice President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lonnie Neumar	2.2 NAME	Cathryn Snyder
STREET ADDRESS	130 Williamson St.	2.3 STREET ADDRESS	P.O. Box 967
CITY-ST-ZIP	East Rockaway, NY 11528	2.4 CITY-ST-ZIP	Easton, PA 18044-0967
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Swisher	3.2 NAME	Kristi Kirschnick
STREET ADDRESS	41st Signal BN Unit 15253	3.3 STREET ADDRESS	8732 Harris Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Ridgerville, OH 44039
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Ramme	4.2 NAME	Chuck Griffin
STREET ADDRESS	P.O. Box 3307	4.3 STREET ADDRESS	26 Lake Superior Drive
CITY-ST-ZIP	Santa Barbara, CA 93130	4.4 CITY-ST-ZIP	Mystic Island, NJ 08087
TITLE	Director <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Morano	5.2 NAME	Eric Jansen
STREET ADDRESS	154 Beach 133rd St.	5.3 STREET ADDRESS	3404 East 6th Ave
CITY-ST-ZIP	Belle Harbor, NY 11694	5.4 CITY-ST-ZIP	Stillwater, OK 74074
TITLE	Director <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Sullivan	6.2 NAME	Dianne Sposito
STREET ADDRESS	206 East College St.	6.3 STREET ADDRESS	1121 Chestnut Dr.
CITY-ST-ZIP	Ozark, AL 36360	6.4 CITY-ST-ZIP	Ashtabula, OH 44004

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: Kristi Kirschnick 3-10-99 216-252-7730  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

The Florence Project Inc.

Additional Changes in Directors for filing Annual Report

Document # N98000000256

547455-90023-23  
N98000000256

12.

Deletions:

Director

Andrew Lopez

P O Box 440150

Laredo, TX 78044

Director

Laura Delaney

11 Vista Street

Rosindale, MA 02131

Director

Stephen Stone

13245 Dripping Springs

Columbia, MO 65202-7667

Director

Cheryl Buswell-Robinson

16514 Edinborough Rd.

Detroit, MI 48219-4038

Director

Michael Berger

16973 Addison

Southfield, MI 48075

13.

Additions:

Director


Rachel Sheeran

5128 Birchman Ave

Fort Worth, TX 76107

I 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 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



Kristi Kirschnick

Secretary The Florence Project Inc.

8732 Harris Dr.

North Ridgeville, OH 44039