

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2004 08:00 AM
Secretary of State**

DOCUMENT # N98000000256

1. Entity Name
THE FLORENCE PROJECT, INC.



Principal Place of Business
**26 LAKE SUPERIOR DRIVE
MYSTIC ISLAND, NJ 08087**

Mailing Address
**26 LAKE SUPERIOR DRIVE
MYSTIC ISLAND, NJ 08087**



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3503509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRUMMOND, PAULA G
120 S. WILCANIZ STEET
PENSACOLA, FL 32503**

**DO NOT WRITE
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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000013949
01/27/04-80003-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
TERRANOVA, CHRISTINA
11 SCOTT PLACE
ROCKVILLE CENTRE, NY 11570**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SNYDER, CATHERINE
1102 LINCOLN STREET
EASTON, PA 18042**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
GRIFFIN, CHUCK
26 LAKE SUPERIOR DR
MYSTIC ISLAND, NJ 08087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SHERAN, RACHEL
5128 BIRCHMAN AVE.
FORT WORTH, TX 76102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/18/04

609-441-8007