

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 017 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000002650

1. Entity Name
MIDDLETOWNE PROJECT, INC.



Principal Place of Business
**1809 DEBARRY AVENUE
ORANGE PARK, FL 32073**

Mailing Address
**300 N.W. 12TH AVENUE
MIAMI, FL 33128**



01262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
31-1599917

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTORANO, SALVATORE
300 NW 12TH AVE
MIAMI, FL 33128**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DOMINGUEZ, AUGSTIN
STREET ADDRESS 300 N.W. 12TH AVENUE
CITY-ST-ZIP MIAMI, FL 33128

TITLE VPD ☐ Delete
NAME SIBLEY, RUSSELL A JR
STREET ADDRESS 300 NW 12TH AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE VPD ☒ Delete
NAME MARTORANO, SALVATORE
STREET ADDRESS 300 N.W. 12TH AVENUE
CITY-ST-ZIP MIAMI, FL 33138

TITLE D ☒ Delete
NAME SORGE, MARY
STREET ADDRESS 50 N. LAURA ST., 9TH FLOOR
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ST ☐ Delete
NAME REVALES, RONALD
STREET ADDRESS 300 N.W. 12TH AVENUE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Change ☒ Addition
NAME Rovin, Ty
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Rodriguez, Kathleen
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 person or persons 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 ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

03/04/2005 (305) 324-5505
Date Daytime Phone #