


2005' NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90335 047 ****61.25

DOCUMENT # N98000002665 1. Entity Name OAKWOOD PROJECT, INC.					
Principal Place of Business 8201 KONA AVENUE JACKSONVILLE, FL 32211			Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTORANO, SALVATORE 300 NW 12TH AVENUE MIAMI, FL 33128				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
(Filing Fee is \$61.25) Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, AGUSTIN 300 N.W. 12TH AVENUE MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rovin, Ty 300 NW 12 Avenue Miami, Florida 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTORANO, SALVATORE 300 N.W. 12TH AVENUE MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rodriguez, Kathleen 300 NW 12 Avenue Miami, Florida 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIBLEY, RUSSELL A JR. 2628 5TH AVENUE, NORTH ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REVALES, RONALD E 300 N.W. 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORGE, MARY 50 N. LAURA STREET, 9TH FLOOR JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 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				03/04/2005 805) 324-5505 Date Daytime Phone #	