

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005030

Entity Name: THE LANGUAGE PROJECT, INC.**Current Principal Place of Business:**9601 MICCOSUKEE RD-MLC
1
TALLAHASSEE, FL 32309**Current Mailing Address:**PO BOX 13201
TALLAHASSEE, FL 32317**FEI Number: 59-3661615****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRESGE, CAROL A
9601 MICCOSUKEE RD-MLC
1
TALLAHASSEE, FL 32309 US*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**Officer/Director Detail :**Title D
Name KRESGE, CAROL A
Address 9601 MICCOSUKEE RD-MLC 1
City-State-Zip: TALLAHASSEE FL 32309Title D
Name CHASE, RUTH
Address 9601 MICCOSUKEE RD MLC 1
City-State-Zip: TALLAHASSEE FL 32309Title D
Name CROWLEY, DONNA
Address 93 GREENOUGH ROAD
City-State-Zip: SOPCHOPPY FL 32358Title D
Name KRESGE, LYNDIA S
Address 44 CAMERON CT.
City-State-Zip: PRINCETON NJ 08540Title D
Name LAURICELLA, ELLEN
Address 3120 TALLAVANA TRAIL
City-State-Zip: HAVANA FL 32333

I hereby 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 all other like empowered.

SIGNATURE: CAROL A KRESGE**DIRECTOR****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date