

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006128

Entity Name: THE M.O.R.G.A.N. PROJECT, INC.**Current Principal Place of Business:**4241 N. HIGHWAY 1
MELBOURNE, FL 32935**Current Mailing Address:**4241 N. HIGHWAY 1
MELBOURNE , FL 32935 US**FEI Number: 59-3744749****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MALFARA, KRISTEN M
4241 N. HIGHWAY 1
MELBOURNE, FL 32935 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 :**

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | MALFARA, KRISTEN |
| Address | 1373 TRALEE BAY AVE |
| City-State-Zip: | MELBOURNE FL 32935 |

| | |
|-----------------|--------------------|
| Title | PRESIDENT |
| Name | MARVIN, BRENDA |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

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|-----------------|--------------------|
| Title | DIRECTOR |
| Name | CAULFIELD, BOBBI |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

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|-----------------|--------------------|
| Title | TREASURER |
| Name | WILLIAMS, J MASON |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

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|-----------------|--------------------|
| Title | DIRECTOR |
| Name | JEAVONS, SHARON |
| Address | 4934 BUTTONWOOD |
| City-State-Zip: | MELBOURNE FL 32940 |

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|-----------------|------------------------|
| Title | SECRETARY |
| Name | EDELSCHICK, JULIAN DR. |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

| | |
|-----------------|--------------------|
| Title | VP |
| Name | SCULLY, DARREN |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

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|-----------------|--------------------|
| Title | DIRECTOR |
| Name | STANLEY, JAMES |
| Address | 4241 N. HIGHWAY 1 |
| City-State-Zip: | MELBOURNE FL 32935 |

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: KRISTEN MALFARA**DIRECTOR****02/10/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date