

2015 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 :**

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

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

Title	DIRECTOR
Name	MULLEN, SHEELA
Address	4241 N. HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32935

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

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

Title	DIRECTOR
Name	WARR, KAREN
Address	4241 N. HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	KINSEY, BRENDA
Address	4241 N. HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	BIRD, ADAM
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**PRESIDENT****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date