

**2020 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 DIRECTOR  
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 MOORE, MICHAEL  
Address 4241 N. HIGHWAY 1  
City-State-Zip: MELBOURNE FL 32935

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

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

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

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

Title DIRECTOR  
Name FITZGERALD, JENNIFER  
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****03/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date