2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2015
Secretary of State
CC2477724724

DOCUMENT# N05000006301

Entity Name: PROJECT R.O.C.K. SOUTH, INC.

Current Principal Place of Business:

439 SE PORT ST LUCIE BLVD STE 103
PORT ST. LUCIE, FL 34984

Current Mailing Address:

1124 SW 35TH STREET
PALM CITY, FL 34990 US

FEI Number: 20-3076543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, JEAN-CLAUDE
1124 SW 35TH STREET
PALM CITY, FL 34990 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: JEAN-CLAUDE NORMAN 04/19/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	FRECKLETON, LORNA
Address	1500 SW CHARI AVENUE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	DIRECTOR
Name	HALL, DAVID
Address	1973 SAVAGE BLVD #1
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	DIRECTOR
Name	BYRD, RUFUS
Address	10620 SW VILLAGE PARKWAY
City-State-Zip:	PORT ST LUCIE FL 34987

Title	DIRECTOR
Name	ROBERTS, KATHY
Address	534 EUCLID LANE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	DIRECTOR
Name	GIBSON, DONNA
Address	1702 N. 15TH ST.
City-State-Zip:	FORT PIERCE FL 34950

Title	CHAIRMAN
Name	NORMAN, JEAN-CLAUDE
Address	1124 SW 35TH ST
City-State-Zip:	PALM CITY FL 34990

Title	SECRETARY
Name	LOWE, KIMBERLY
Address	230 SW SANDY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DIRECTOR
Name	RAYMOND, MAUREEN
Address	2622 SE GOWIN DRIVE
City-State-Zip:	PORT ST LUCIE FL 34952

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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: JEAN-CLAUDE NORMAN CHAIRMAN 04/19/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, SAMORI
Address	1761 SE TIFFANY CLUB
City-State-Zip:	PORT ST LUCIE FL 34952