

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006301

Entity Name: PROJECT R.O.C.K. SOUTH, INC.**Current Principal Place of Business:**439 SE PORT ST LUCIE BLVD STE 101
PORT ST. LUCIE, FL 34952**Current Mailing Address:**3286 OLD EDWARDS ROAD
FORT PIERCE, FL 34981**FEI Number:** 20-3076543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTH, MARIE
3286 OLD EDWARDS ROAD
FORT PIERCE, FL 34981 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 TOWNSEND, QUEEN S
Address 5335 NW NASSAU LN.
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR
Name DUVIGNAUD, CLAIRE
Address 1056 SW WHITTIER TERRACE
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name HALL, DAVID
Address P.O. BOX 9342
City-State-Zip: PORT ST. LUCIE FL 34985-9342

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

Title CEO
Name FRECKLETON, LORNA
Address 439 SE PORT ST LUCIE BLVD STE 101
City-State-Zip: PORT ST LUCIE FL 34952

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

Title DIRECTOR
Name KINGRY, BARBARA
Address 1741 SE MARIANA ROAD
City-State-Zip: PORT ST. LUCIE FL 34952

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: LORNA FRECKLETON

CEO

04/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date