

2017 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 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:** Yes**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

03/22/2017

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

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

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

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

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

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

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

03/22/2017

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