

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012895

Entity Name: PROJECT SANFORD, INC**Current Principal Place of Business:**230 E. FIRST STREET
SANFORD, FL 32771**Current Mailing Address:**230 E. FIRST STREET
SANFORD, FL 32771 US**FEI Number:** 02-0763206**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIELS, DERRICK
230 E. FIRST STREET
SANFORD, FL 32771 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:** DERRICK DANIELS

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CASEY, BRIAN
Address 230 E. FIRST STREET
City-State-Zip: SANFORD FL 32771

Title TREASURER
Name MAPLES, MARILYN
Address 230 E. FIRST STREET
City-State-Zip: SANFORD FL 32771

Title PRESIDENT
Name DANIELS, DERRICK
Address 230 E. FIRST STREET
City-State-Zip: SANFORD FL 32771

Title SECRETARY, DIRECTOR
Name EDWARDS, OLGA
Address 230 E. FIRST STREET
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name DONLON, WILLIAM
Address 230 EAST 1ST STREET
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name BROWER, BRANDON
Address 230 EAST 1ST STREET
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name BEZIK, JAMES
Address 230 E. FIRST STREET
City-State-Zip: SANFORD FL 32771

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: MARILYN MAPLES

TREASURER

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date