

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009425

Entity Name: PROJECT V.O.T.E., INC.**Current Principal Place of Business:**1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953**Current Mailing Address:**1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953**FEI Number:** 45-3629988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCHANAN, BETTYE
1526 SW PAAR DR.
PORT ST. LUCIE, FL 34953 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	CEOD
Name	BUCHANAN, BETTYE
Address	1526 SW PAAR DR.
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	VP/D
Name	WIGGINS, ALFREDA LDR.
Address	27 DEEP POWDER COURT
City-State-Zip:	WOODSTOCK MD 21163

Title	AT/D
Name	CHAPMAN, DAVID ESR.
Address	3812 RIVERPINE DRIVE
City-State-Zip:	MOSS POINT MS 39563

Title	S/D
Name	MASON, MELVIN
Address	460 WEST 147TH STREET #27
City-State-Zip:	NEW YORK NY 10031

Title	T/D
Name	OWENS, MERCY P
Address	2523 WINSLEY PLACE
City-State-Zip:	DULUTH GA 33097

Title	AVPD
Name	MALONEY, RONALD R
Address	590 CHARLES DRIVE
City-State-Zip:	DOWNINGTOWN PA 19335

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: BETTYE CHAPMAN-BUCHANAN

CEO

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date