2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011058

Entity Name: THE CLERGY PROJECT, INC.

Current Principal Place of Business:

8800 49TH ST N **STE 311**

PINELLAS PARK, FL 33782

Current Mailing Address:

8800 49TH ST N **STE 311**

PINELLAS PARK, FL 33782 US

FEI Number: 46-2206007 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERRY, PLANK 1000 DOUGLAS AVENUE #10

ALTAMONTE SPRINGS, FL 32714 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: TERRY PLANK 04/29/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

BEKIUS, ANDREW Name Name COMPERE, JOHN

910 W LAWRENCE AVE 1600 WEST IRONWOOD DRIVE Address Address

1103

CHANDLER AZ 85224 City-State-Zip: City-State-Zip: CHICAGO IL 60640

SECRETARY Title Title **DIRECTOR**

Name WARNOCK, DAVE Name BARKER, DAN

Address 3016 AMERICUS DR Address 2400 FOX AVENUE THOMPSONS STATION TN 37179

City-State-Zip: City-State-Zip: MADISON WI 53711

Title **DIRECTOR** Title **TREASURER**

GIBBS. JOHN HARKEY Name

NICOLAIS, JP Name Address 1910 FLAMINGO

20010 PATTON RD Address City-State-Zip: SAN ANTONIO TX 78209

LONG BEACH MA 39560 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

HART, MAUREEN Name VICARO, STEPHEN Name

31 FROST LANE Address 108 COLLEGE DRIVE **TOPSHAM** Address

City-State-Zip: TOPSHAM ME 04086 City-State-Zip: HAMMOND LA 70401

Continues on page 2

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.

04/29/2017 SIGNATURE: ANDREW J. BEKIUS **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 29, 2017

Secretary of State

CC1388033812

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LANE, MASON Name OSTRANDER, LON

Address 7859 SW 82ND DRIVE Address 1112 WILDWOOD ROAD

City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: ELMIRA NY 14905