2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2019
Secretary of State
4934142564CC

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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: Yes

Name and Address of Current Registered Agent:

PARHAM, ROBERT
8800 49TH STREET NORTH
SUITE 311
PINELLAS PARK, FL 22782 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: ROBERT PARHAM 02/09/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	OSTRANDER, LEONARD
Address	1112 WILDWOOD ROAD
City-State-Zip:	ELMIRA NY 14905

Title	SECRETARY
Name	WARNOCK, DAVE
Address	3016 AMERICUS DR
City-State-Zip:	THOMPSONS STATION TN 37179

Title	DIRECTOR
Name	HART, MAUREEN
Address	31 FROST LANE
City-State-Zip:	TOPSHAM ME 04086

Title	DIRECTOR
Name	JOUSMA, COLLEEN
Address	225 SOUTH GREENWOOD AVENUE
City-State-Zip:	MONTEBELLO CA 90640

Title	VP
Name	COMPERE, JOHN
Address	1600 WEST IRONWOOD DRIVE
City-State-Zip:	CHANDLER AZ 85224

Title	TREASURER
Name	VICARO, STEPHEN
Address	108 COLLEGE DRIVE
City-State-Zip:	HAMMOND LA 70401

Title	DIRECTOR
Name	LANE, MASON
Address	7859 SW 82ND DRIVE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	GONNERMAN, ADAM
Address	396 YALE AVENUE APARTMENT #1
City-State-Zip:	HILLSIDE NJ 07205

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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: LEONARD OSTRANDER PRESIDENT 02/09/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PUCKETT, ASHLEY
Address	9949 SEGO LILY DRIVE
City-State-Zip:	SANDY UT 84094

Title	DIRECTOR
Name	EMRICH, LUKE
Address	511 WEST RIVER DRIVE
City-State-Zip:	WEST BEND WI 53090

Title	DIRECTOR
Name	NILSEN, KENN
Address	735 RITTENOUR ROAD
City-State-Zip:	EDINBURG VA 22824

Title	DIRECTOR
Name	CRUSER, EARL
Address	4525 WEST PARADISE AVENUE
City-State-Zip:	VISALIA CA 93277

Title	DIRECTOR
Name	QUEEN, JAMIE
Address	3718 EAST DUDLEY STREET
City-State-Zip:	EAST HELENA MT 59655

Title	DIRECTOR
Name	HILL, CHARLES
Address	3090 GILRIDGE DRIVE
City-State-Zip:	HILLIARD OH 43026

Title	DIRECTOR
Name	LAUGHLIN, JOHN
Address	200 LINDEN DRIVE
City-State-Zip:	DANVILLE VA 24541