

**2020 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:**

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

01/30/2020

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

Title            SECRETARY  
Name            FRANCIS, CORY  
Address        910 ERIN WOODS DRIVE SE  
City-State-Zip: CALGARY ALBERTA T2B 3C4

Title            TREASURER  
Name            CISSE, MOHAMED  
Address        120 KELSAN WAY  
City-State-Zip: FAIRBANKS AK 99709

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

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

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

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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

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 LOMBARD, JOHN  
Address 20078 FRAZER HIGHWAY  
APT. 412  
City-State-Zip: LANGLEY BRITISH COLUMBIA V3A 0J2

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

Title DIRECTOR  
Name PITTENGER, JOE  
Address 2221 ALBON ROAD  
City-State-Zip: HOLLAND OH 43528

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