

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000547

**Entity Name:** THE FAUSTIN PROJECT, INC.

**Current Principal Place of Business:**

226 AMBURY STREET  
FORT MYERS, FL 33913

**Current Mailing Address:**

226 AMBURY STREET  
FORT MYERS, FL 33913 US

**FEI Number: 82-3720716**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FAUSTIN, FORTINEL  
59 TALL OAKS CIRCLE  
FORT MYERS, FL 33913 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 P/D  
Name FAUSTIN, FORTINEL  
Address 226 AMBURY STREET  
City-State-Zip: FORT MYERS FL 33913

Title D/S  
Name ATILUS, HABENTZ DJISLY  
Address 226 AMBURY STREET  
City-State-Zip: FORT MYERS FL 33913

Title M/D  
Name JEAN , BEN  
Address 226 AMBURY STREET  
City-State-Zip: FORT MYERS FL 33913

Title T/D  
Name FAUSTIN, JHONY  
Address 226 AMBURY STREET  
City-State-Zip: FORT MYERS FL 33913

Title M/D  
Name DAVID, JEFF  
Address 226 AMBURY STREET  
City-State-Zip: FORT MYERS FL 33913

*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: FAUSTIN FORTINEL**

**04/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date