

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N36919

**Entity Name:** PROJECT RESPONSE, INC.

**Current Principal Place of Business:**

745 S APOLLO BLVD  
MELBOURNE, FL 32901

**Current Mailing Address:**

745 S APOLLO BLVD  
MELBOURNE, FL 32901 US

**FEI Number:** 59-3036563

**Certificate of Status Desired:** No

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

HACKFORD, CHRISTINE  
2550 CARMEL ROAD  
INDIALANTIC, FL 32903 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:** CHRISTINE HACKFORD

07/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DISALVIO, HARRY  
Address 641 BRADDOCK ST  
City-State-Zip: SEBASTIAN FL 32958

Title SECRETARY  
Name TRACY, JACK  
Address 229 ELLWOOD AVENUE  
City-State-Zip: SATELLITE BEACH FL 32937

Title VP  
Name SIBOLE, DENNIS  
Address 502 HYDER STREET, NE  
City-State-Zip: PALM BAY FL 32907

Title FINANCIAL OFFICER  
Name RONAN, SHAUN  
Address 3300 FISKE BOULEVARD  
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT  
Name ALLEN, BRIAN  
Address 233 SHORE LANE  
City-State-Zip: INDIAN HARBOR BEACH FL 32937

Title DIRECTOR  
Name SPEARING, PAUL  
Address 450 FRANKLYN AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name WILLIAMS, MICHAEL  
Address 2670 WARING LANE  
City-State-Zip: MALABAR FL 32950

Title EXECUTIVE DIRECTOR  
Name HACKFORD, CHRISTINE  
Address 2550 CARMEL ROAD  
City-State-Zip: INDIALANTIC FL 32903

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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:** CHRISTINE HACKFORD

EXECUTIVE DIRECTOR

07/05/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               CREAGER, ADRIENNE  
Address            745 S APOLLO BLVD  
City-State-Zip:   MELBOURNE FL 32901

Title               OTHER  
Name               TREMAIN, KEITH  
Address            4480 SHAW AVENUE  
City-State-Zip:   TITUSVILLE FL 32780

Title               DIRECTOR  
Name               KELLY, MARY  
Address            745 S APOLLO BLVD  
City-State-Zip:   MELBOURNE FL 32901