

2019 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**Name and Address of Current Registered Agent:**CONDE-ROSA, ANA DR.
1607 ALAQUA WAY
WEST MELBOURNE, FL 32904 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:** DR. ANA CONDE-ROSA

05/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name WELTON, LAURIE
Address 116 QUEEN CHRISTINA COURT
City-State-Zip: FORT PIERCE FL 34949

Title PRESIDENT
Name CONDE-ROSA, ANA
Address 1607 ALAQUA WAY
City-State-Zip: WEST MELBOURNE FL 32904

Title SECRETARY
Name WHITE, RONALD
Address 3526 EGRET DRIVE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name HARRISON, ROBERT
Address 3005 THRUSH DRIVE
City-State-Zip: MELBOURNE FL 32935

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

Title DIRECTOR
Name BRYAN, LISA
Address 261 AVENIDA DE PAZ
City-State-Zip: INDIALANTIC, FL 32903 FL 32903

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

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.

SIGNATURE: DR. ANA CONDE-ROSA

PRESIDENT

05/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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