

2016 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:**PEARCE, DANIEL
1113 CABLE LANE
PALM BAY, FL 32905 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	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	P
Name	PEARCE, DANIEL
Address	1113 CABLE LANE
City-State-Zip:	PALM BAY FL 32905

Title	VP
Name	CONDE-ROSA, ANA
Address	P.O. BOX 780842
City-State-Zip:	SEBASTIAN FL 32978

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

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

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

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: DANIEL PEARCE**PRESIDENT****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date