

2022 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:** 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

01/27/2022

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 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 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

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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**

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CONDE, DR. ANA
Address 1607 ALAQUA WAY
City-State-Zip: WEST MELBOURNE FL 32904

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

Title OTHER
Name PECKO, MICHAEL
Address 8767 COCOA COURT
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR
Name THOMAS, DR. AISHA
Address 745 S APOLLO BLVD
City-State-Zip: MELBOURNE FL 32901