

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001415

Entity Name: THE PROJECT STABLE FOUNDATION, INC.**Current Principal Place of Business:**5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330**Current Mailing Address:**5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330**FEI Number:** 65-0551042**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTNEY, SHELDON
5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330 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 MCCARTNEY, SHELDON
Address 5790 SW 130 AVE
City-State-Zip: SOUTHWEST RANCHES FL 33330Title D
Name MCCARTNEY, SANDRA
Address 5790 SW 130 AVE
City-State-Zip: SOUTHWEST RANCHES FL 33330Title D
Name PERKINS, TOBY
Address 5220 SW 109 AVE
City-State-Zip: DAVIE FL 33328Title D
Name PAUL, JUDY
Address 14421 SW 24TH ST
City-State-Zip: FORT LAUDERDALE FL 33325Title D
Name SEGAL, FRED
Address 2121 NORTH STATE ROAD 7
City-State-Zip: MARGATE FL 33063Title D
Name AXLER, HAL
Address 13510 SW 9 PLACE
City-State-Zip: DAVIE FL 33325Title DIRECTOR
Name PASQUALE, CARA
Address 3604 BAY WAY
City-State-Zip: COOPER CITY FL 33026

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: SHELDON MCCARTNEY**DIRECTOR****02/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date