

2018 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 33330

Title	D
Name	MCCARTNEY, SANDRA
Address	5790 SW 130 AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	D
Name	PERKINS, TOBY
Address	5220 SW 109 AVE
City-State-Zip:	DAVIE FL 33328

Title	D
Name	SEGAL, FRED
Address	2121 NORTH STATE ROAD 7
City-State-Zip:	MARGATE FL 33063

Title	D
Name	AXLER, HAL
Address	13510 SW 9 PLACE
City-State-Zip:	DAVIE FL 33325

Title	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****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date