

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 041 ****61.25

DOCUMENT # 765201

1. Corporation Name

THE APPLETON CULTURAL CENTER, INC.

Principal Place of Business

4333 E SILVER SPRINGS BLVD.
OCALA FL 34470-5000
US

Mailing Address

4333 E SILVER SPRINGS BLVD.
OCALA FL 34470-5000
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/27/1982

4. FEI Number

59-2242706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

JERNIGAN, JIM
4333 E SILVER SPRINGS BLVD.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EDWARDS, NAN
STREET ADDRESS 1129 S.E. 8TH STREET
CITY-ST-ZIP Ocala FL

TITLE PD ☐ DELETE

NAME JERNIGAN, JIM
STREET ADDRESS 2017 SE 8TH ST
CITY-ST-ZIP Ocala FL

TITLE STD ☐ DELETE

NAME CHAZAL, RICHARD A.
STREET ADDRESS 2112 SE 15TH LANE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME CLARK, JACK
STREET ADDRESS 2323 S.E. 5TH ST.
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

Daytime Phone #

CR2E037 (5/99)