


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 765201</b> 1. Entity Name <b>THE APPLETON CULTURAL CENTER, INC.</b>	
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Principal Place of Business <b>4333 E SILVER SPRINGS BLVD. OCALA, FL 34470-5000 US</b>	Mailing Address <b>THE APPLETON MUSEUM OF ART PO BOX 3190 OCALA, FL 34478-3190 US</b>
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**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2242706</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000079820 03/08/04-80084-009 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EDWARDS, NAN 1129 S.E. 8TH STREET OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD JERNIGAN, JIM 2017 SE 8TH ST OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD CHAZAL, RICHARD A. 2112 SE 15TH LANE OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CLARK, JACK 2323 S.E. 5TH ST. OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jim R. Jernigan* **3/4/04** **352-7327927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JIM JERNIGAN**