

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765201

FILED  
Aug 08, 2005  
Secretary of State

**Entity Name:** THE APPLETON CULTURAL CENTER, INC.

**Current Principal Place of Business:**

4333 E SILVER SPRINGS BLVD.  
OCALA, FL 344705000 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE APPLETON MUSEUM OF ART  
PO BOX 3190  
OCALA, FL 344783190 US

**New Mailing Address:**

**FEI Number:** 59-2242706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EDWARDS, NAN  
Address: 1129 S.E. 8TH STREET  
City-St-Zip: OCALA, FL

Title: PD ( ) Delete  
Name: JERNIGAN, JIM,  
Address: 2017 SE 8TH ST  
City-St-Zip: OCALA, FL

Title: STD ( ) Delete  
Name: CHAZAL, RICHARD A.,  
Address: 2112 SE 15TH LANE  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: CLARK, JACK,  
Address: 2323 S.E. 5TH ST.  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JIM JERNIGAN

STD

08/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date