

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765201

FILED  
Mar 28, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3001 SW COLLEGE ROAD  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1388  
OCALA, FL 34478 US

**New Mailing Address:**

3001 SW COLLEGE ROAD  
OCALA, FL 34478 US

**FEI Number:** 59-2242706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DASSANCE, CHARLES R  
3001 SW COLLEGE ROAD  
OCALA, FL 34474 US

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

HENNINGSSEN, JAMES D  
3001 SW COLLEGE ROAD  
OCALA, FL 34474 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: JAMES D. HENNINGSSEN

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HENNINGSSEN, JAMES D DR  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: STD  
Name: HARVEY, JAMES D DR  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: STEARNS, JOAN  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: PAUGH, MARK DR  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: LOFGREN, JOHN DR  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: POOL, CORY  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

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: JAMES D. HENNINGSSEN

PD

03/28/2012

Electronic Signature of Signing Officer or Director

Date