

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765201

**Entity Name:** THE APPLETON CULTURAL CENTER, INC.**Current Principal Place of Business:**3001 SW COLLEGE ROAD  
OCALA, FL 34474**Current Mailing Address:**3001 SW COLLEGE ROAD  
OCALA, FL 34474 US**FEI Number:** 59-2242706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENNINGSEN, 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. HENNINGSEN

02/20/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	HENNINGSEN, JAMES DDR
Address	3001 SW COLLEGE ROAD
City-State-Zip:	OCALA FL 34474

Title	STD
Name	MAZUR, III, FRANCIS J.
Address	3001 SW COLLEGE ROAD
City-State-Zip:	OCALA FL 34474

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

Title	D
Name	MORRISON, CINDI
Address	3001 SW COLLEGE ROAD
City-State-Zip:	OCALA FL 34474

Title	D
Name	BALFOUR, SANDRA
Address	3001 SW COLLEGE ROAD
City-State-Zip:	OCALA FL 34474

Title	D
Name	RAMSAMMY, JILLIAN
Address	3001 SW COLLEGE ROAD
City-State-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:** FRANCIS J. MAZUR, III**SECRETARY**

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date