## 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: DR. JILLIAN RAMSAMMY

Electronic Signature of Signing Officer/Director Detail

# 3001 SW COLLEGE ROAD OCALA, FL 34474

### **Current Mailing Address:**

3001 SW COLLEGE ROAD OCALA. FL 34474 US

### FEI Number: 59-2242706

#### 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			02/18/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY, TREASURER,	
Name	HENNINGSEN, JAMES	Nama		× 1
Address	3001 SW COLLEGE ROAD	Name	MAZUR III, FRANCIS J.	
City-State-Zip:	OCALA FL 34474	Address	3001 SW COLLEGE ROAD	
		City-State-Zip:	OCALA FL 34474	
Title	DIRECTOR	Title	DIRECTOR	
Name	PAUGH, MARK			
Address	3001 SW COLLEGE ROAD	Name	BRANCATO, JOYCE	
City-State-Zip:	OCALA FL 34474	Address	3001 SW COLLEGE ROAD	
		City-State-Zip:	OCALA FL 34474	
Title	DIRECTOR	Title	DIRECTOR	
Name	RAMSAMMY, JILLIAN	Name	KNIFE, CHRISTOPHER	
Address	3001 SW COLLEGE ROAD			
City-State-Zip:	OCALA FL 34474	Address	3001 SW COLLEGE ROAD	
		City-State-Zip:	OCALA FL 34474	

02/18/2019

FILED Feb 18, 2019 Secretary of State 9071317226CC

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 765201**

Entity Name: THE APPLETON CULTURAL CENTER, INC.

## **Current Principal Place of Business:**

Certificate of Status Desired: No

VICE PRESIDENT

Date