

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765201

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE APPLETON CULTURAL CENTER, INC.

Current Principal Place of Business:

3001 SW COLLEGE ROAD
OCALA, FL 34478 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1388
OCALA, FL 34478 US

New Mailing Address:

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 344781388 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DASSANCE, CHARLES R DR
Address: 3001 SW COLLEGE ROAD
City-St-Zip: Ocala, FL 34478

Title: STD (X) Change () Addition
Name: HARVEY, JAMES D DR
Address: 3001 SW COLLEGE ROAD
City-St-Zip: Ocala, FL 34478

Title: D (X) Change () Addition
Name: COOPER, SHARON P DR
Address: 3001 SW COLLEGE ROAD
City-St-Zip: Ocala, FL 34478

Title: D (X) Change () Addition
Name: PEALER, CASH DR
Address: 3001 SW COLLEGE ROAD
City-St-Zip: Ocala, FL 34478

Title: D () Change (X) Addition
Name: MCCLEA, ROBIN M
Address: 3001 SW COLLEGE ROAD
City-St-Zip: Ocala, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR CHARLES R DASSANCE

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date