

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 765201

1. Entity Name
THE APPLETON CULTURAL CENTER, INC.



Principal Place of Business
**3001 SW COLLEGE ROAD
OCALA, FL 34478 US**

Mailing Address
**P.O. BOX 1388
OCALA, FL 34478 US**



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2242706 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DASSANCE, CHARLES R
3001 SW COLLEGE ROAD
OCALA, FL 34478-1388**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles R. Dassance*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

2/11/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | DASSANCE, CHARLES R DR |
| STREET ADDRESS | 3001 SW COLLEGE ROAD |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | STD |
| NAME | HARVEY, JAMES D DR |
| STREET ADDRESS | 3001 SW COLLEGE ROAD |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | D |
| NAME | COOPER, SHARON P DR |
| STREET ADDRESS | 3001 SW COLLEGE ROAD |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | D |
| NAME | PEALER, CASH DR |
| STREET ADDRESS | 3001 SW COLLEGE ROAD |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | D |
| NAME | MCCLEA, ROBIN M |
| STREET ADDRESS | 3001 SW COLLEGE ROAD |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/06/08-80042-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles R. Dassance 2/20/08 352-873-5835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #