2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000003666

TI FILED

Nov 19, 2008

Secretary of State

Entity Name: SEBRING HIGH SCHOOL PROJECT GRADUATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3514 KENILWORTH BLVD SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

P.O. BOX 583 SEBRING, FL 33871

FEI Number: 65-0531845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FAIRFIELD, MARK J GRUBB, NATALIE A
3201 LAKEWOOD ROAD 2040 ALAN ST.
SEBRING, FL 33875 US SEBRING, FL 33875 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: NATALIE A. GRUBB 11/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 CULLENS, TAMMY
 Name:
 BERISH, LISA

 Address:
 9235 COUNTY ROAD 635
 Address:
 3514 KENILWORTH BLVD

City-St-Zip: SEBRING, FL 33875 Address: 3514 KEINLWORTH BLV

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 JONES, GLYNDA
 Name:
 WELBORN, MARLENE

 Address:
 1485 CARRINGTON AVE
 Address:
 426 SCHOOL ST.

 City-St-Zip:
 SEBRING, FL 33875
 City-St-Zip:
 SEBRING, FL 33870

Title: T () Delete Title: T (X) Change () Addition
Name: FAIRFIELD, MARK Name: GRUBB, NATALIE

 Address:
 3201 LAKEWOOD ROAD
 Address:
 2040 ALAN ST.

 City-St-Zip:
 SEBRING, FL 33875
 City-St-Zip:
 SEBRING, FL 33875

Title: PR (X) Delete Title: () Change () Addition

 Name:
 WILLEY, ALLISON
 Name:

 Address:
 1301 EDGEWATER POINT DRIVE
 Address:

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NATALIE A. GRUBB T 11/19/2008