

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 11, 2012
Secretary of State

DOCUMENT# N03000003666

Entity Name: SEBRING HIGH SCHOOL PROJECT GRADUATION, INC.**Current Principal Place of Business:**3514 KENILWORTH BLVD
SEBRING, FL 33870**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 583
SEBRING, FL 33871**New Mailing Address:****FEI Number:** 65-0531845**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PEREZ, PENNY V
4700 WILDERNESS TRAIL
SEBRING, FL 33875 US**Name and Address of New Registered Agent:**STEIN, GAIL N
220 REVSON AVENUE
SEBRING, FL 33876 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: GAIL STEIN

10/11/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: STEIN, GAIL N
Address: 220 REVSON AVE
City-St-Zip: SEBRING, FL 33876

Title: VP
Name: PALMERTON, KENNY SR.
Address: 1227 FERNVALE AVENUE
City-St-Zip: SEBRING, FL 33870

Title: T
Name: BRADY, ARLENE
Address: 5884 BRADY TRAIL
City-St-Zip: SEBRING, FL 33875

Title: S
Name: PALMERTON, TAMMY
Address: 1227 FERNVALE AVE
City-St-Zip: SEBRING, FL 33870

Title: C
Name: THOMPSON, ANNETTE
Address: 1519NO MUL LA OEE DRIVE
City-St-Zip: SEBRING, FL 33870

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: GAIL STEIN

P

10/11/2012

Electronic Signature of Signing Officer or Director_____
Date