2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000009994

Entity Name: PROJECT GRADUATION OF LAKE WALES, INC.

Current Principal Place of Business:

1 HIGHLANDER WAY
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 203
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 26-3626619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRY, CLARK
1 HIGHLANDER WAY
LAKE WALES, FL 33853 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: P ( ) Delete
Name: HUNT, KERI
Address: 1015 SUNSET DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: VP ( ) Delete
Name: HOLMAN, KAREN
Address: 3961 MUNCIE ROAD
City-St-Zip: LAKE WALES, FL 33827

Title: S ( ) Delete
Name: NELSON, CINDY
Address: 1538 STEPHENSON LOOP
City-St-Zip: BABSON PARK, FL 33827

Title: T ( ) Delete
Name: LINBLADE, AMY
Address: POST OFFICE BOX 203
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: AMY LINDBLADE T 04/22/2009

Electronic Signature of Signing Officer or Director — Date