

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$299)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15272

(0)

1. Corporation Name

SPRUCE CREEK PROJECT GRADUATION, INC.

Principal Place of Business

801 TAYLOR ROAD
PORT ORANGE FL 32127

Mailing Address

801 TAYLOR ROAD
PORT ORANGE FL 32127

FILED

1995 AUG -2 AM 9:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1986

3a. Date of Last Report

04/08/1994

4. FBI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

STORCH, GLENN D
SUITE 300
1620 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARMAN, SUE
STREET ADDRESS	801 TAYLOR RD
CITY - ST - ZIP	PORT ORANGE FL
TITLE	VD
NAME	SHEFFIELD, HENICA
STREET ADDRESS	801 TAYLOR RD
CITY - ST - ZIP	PORT ORANGE FL
TITLE	TD
NAME	RINGEISEN, LINDA
STREET ADDRESS	801 TAYLOR RD
CITY - ST - ZIP	PORT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Arleen Fortson	
13 STREET ADDRESS	801 TAYLOR RD	
14 CITY - ST - ZIP	Port Orange, FL 32127	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	Denise Bendix	
23 STREET ADDRESS	801 Taylor Rd	
24 CITY - ST - ZIP	Port Orange, FL 32127	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arleen Fortson

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

July 27 '95

Date

(Type or Print Name)

CR2E037 (3/95)