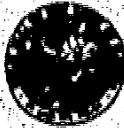


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N32599 (5)

1. Corporation Name

PROJECT GRADUATION OF MARION COUNTY 1989, INC.

Principal Place of Business

**P.O. BOX 1572
OCALA FL 34478**

Mailing Address

**P.O. BOX 1572
OCALA FL 34478**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1989

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2951731

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, JAMES E
21 NE FIRST AVE.
OCALA FL 34470**

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 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ELLSPERMANN, DAVID
STREET ADDRESS	19 NW PINE AVE.
CITY- ST- ZIP	OCALA FL
TITLE	VD
NAME	O'NEILL, SUSAN
STREET ADDRESS	19 NW PINE AVE.
CITY- ST- ZIP	OCALA FL
TITLE	SD
NAME	KIEFER, BRIDGET
STREET ADDRESS	821 SE 16TH PLACE, SUITE 5
CITY- ST- ZIP	OCALA FL
TITLE	D
NAME	COLLINS, JAMES E
STREET ADDRESS	21 NE FIRST AVE.
CITY- ST- ZIP	OCALA FL
TITLE	D
NAME	KIEFER, SCOTT
STREET ADDRESS	2143 NE 2ND ST.
CITY- ST- ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Michael Franco	
1.3 STREET ADDRESS	1111 NE 25th Avenue, Suite 503	
1.4 CITY- ST- ZIP	Ocala, FL 34470	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Kay Nicol	
2.3 STREET ADDRESS	2141 NE 2nd Street	
2.4 CITY- ST- ZIP	Ocala, FL 34470	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	David Ellspermann	
4.3 STREET ADDRESS	19 NW Pine Avenue	
4.4 CITY- ST- ZIP	Ocala, FL 34470	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Joseph Bassett	
5.3 STREET ADDRESS	821 SE 16th Place, Suite 5	
5.4 CITY- ST- ZIP	Ocala, FL 34471	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

MICHAEL FRANCO

4-20-95 904-732-5255

Date

Daytime Phone #

000447