FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
P.O. BOX 1572 OCALA FL 34478	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
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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1008, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ELLSPERMANN, DAVID	1.2 NAME	Michael Franco	
STREET ADDRESS	19 NW PINE AVE.	1.3 STREET ADDRESS	1111 NE 25th Avenue, Suite 503	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	O'NEILL, SUSAN	2.2 NAME	Kay Nicol	
STREET ADDRESS	19 NW PINE AVE.	2.3 STREET ADDRESS	2141 NE 2nd Street	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KIEFER, BRIDGET	3.2 NAME		
STREET ADDRESS	821 SE 16TH PLACE, SUITE 5	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	COLLINS, JAMES E	4.2 NAME	David Ellspermann	
STREET ADDRESS	21 NE FIRST AVE.	4.3 STREET ADDRESS	19 NW Pine Avenue	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KIEFER, SCOTT	5.2 NAME	Joseph Bassett	
STREET ADDRESS	2143 NE 2ND ST.	5.3 STREET ADDRESS	821 SE 16th Place, Suite 5	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 4-20-95 904-732-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL FRANCO

COMPANY