

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/31/1989

3a. Date of Last Report
04/26/1995

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

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.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 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
85 Zip Code
FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	FRANCO, MICHAEL	1111 NE 25TH AVENUE, SUITE 503	OCALA FL	<input checked="" type="checkbox"/>
VD	NICOL, KAY	2141 NE 2ND STREET	OCALA FL	<input checked="" type="checkbox"/>
SD	KIEFER, BRIDGET	821 SE 16TH PLACE, SUITE 5	OCALA FL	<input checked="" type="checkbox"/>
TD	ELLSPERMANN, DAVID	19 NW PIPE AVENUE	OCALA FL	<input type="checkbox"/>
D	BASSETT, JOSEPH	821 SE 16TH PLACE, SUITE 5	OCALA FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PD	Nicol, Kay	2141 NE 2nd Street	Ocala, Florida 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	McCrory, Richard	717 SW Martin Luther King Avenue	Ocala, Florida 34474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Chadwick, Linda	4525 SE 12th Place	Ocala, Florida 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Kiefer, Bridget	4855 SE 37th Court	Ocala, Florida 34480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)