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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
P.O. BOX 1572 P.O. BOX 1572
OCALA FL 34476 Ocala FL 34478-1572

3. Date Incorporated or Qualified 05/31/1989 3a. Date of Last Report 04/22/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2951731		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NICOL, KAY	1.2 NAME	
STREET ADDRESS	2141 NE 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	MCCRARY, RICHARD	2.2 NAME	Roy Hilgenfeldt
STREET ADDRESS	717 SW MARTIN LUTHER KING AVE	2.3 STREET ADDRESS	310 E Silver Springs Boulevard
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, Florida
TITLE	SD	3.1 TITLE	
NAME	CHADWICK, LINDA	3.2 NAME	
STREET ADDRESS	4525 SE 12TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ELLSPERMANN, DAVID	4.2 NAME	
STREET ADDRESS	19 NW PIPE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BASSETT, JOSEPH	5.2 NAME	
STREET ADDRESS	821 SE 18TH PLACE, SUITE 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KIEFER, BRIDGET	6.2 NAME	
STREET ADDRESS	4855 SE 37TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)