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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortheim Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

05/31/1989

4. FEI Number

59-2951731

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 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	PD	<input type="checkbox"/> DELETE
NAME	NICOL, KAY	
STREET ADDRESS	2141 NE 2ND ST	
CITY-ST-ZIP	OCALA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRARY, RICHARD	
STREET ADDRESS	717 SW MARTIN LUTHER KING AVE	
CITY-ST-ZIP	OCALA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHADWICK, LINDA	
STREET ADDRESS	4525 SE 12TH PLACE	
CITY-ST-ZIP	OCALA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLSPERMANN, DAVID	
STREET ADDRESS	19 NW PIPE AVENUE	
CITY-ST-ZIP	OCALA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASSETT, JOSEPH	
STREET ADDRESS	821 SE 16TH PLACE, SUITE 5	
CITY-ST-ZIP	OCALA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIEFER, BRIDGET	
STREET ADDRESS	4855 SE 37TH COURT	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roy Hugenfeldt	
1.3 STREET ADDRESS	1836 SE 6 Ave	
1.4 CITY-ST-ZIP	OCALA, FL 34471	

2.1 TITLE	Vice President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heidi Finkel	
2.3 STREET ADDRESS	P.O. Box 1572 (NA)	
2.4 CITY-ST-ZIP	OCALA, FL 34478	

3.1 TITLE	CORRESPONDING SECRETARY / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda Chadwick	
3.3 STREET ADDRESS	4525 SE 12th Place	
3.4 CITY-ST-ZIP	OCALA, FL 34471	

4.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID ELLSPERMANN	
4.3 STREET ADDRESS	P.O. Box 1030 (NA)	
4.4 CITY-ST-ZIP	OCALA, FL 34478	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHERI BLACKWELL	
6.3 STREET ADDRESS	4430 NE 2nd Ct	
6.4 CITY-ST-ZIP	OCALA, FL 34479	

14. I 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.

SIGNATURE:

[Signature]

3-19-98

352 620 3910

CR2E037 (10/97)