## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2004 8:00 am Secretary of State

DOCUMENT # N32599  1. Entity Name PROJECT GRADUATION OF MARION COUNTY 1989, INC.					05-17-2004 90006 032 ****61.25			
Principal Place of Business         Mailing Address           P.O. BOX 1572         P.O. BOX 1572           OCALA, FL 34478         OCALA, FL 34478						<b>ረ</b> ቶበ1 ኅ <b>ი</b> ი	U	
2. Principal Place of Business 3. Mai			ddress					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004 · Cho	g-NP CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-2951731	· · · · · · · · · · · · · · · · · · ·		plied For Applicable
Zip	Country	Zip	С	ountry	5. Certificate of Stat		\$8.75 Add Fee Required	
<u> </u>	6. Name and Address of Curren	t Registered Age	ent		7. Name and Addre	ess of New Registered A		
				Name				
MCGEE, MARJORIE A 2159 SE 7TH TERRACE OCALA, FL 34471			Street Address (P.O. Box Number is Not Acceptable)					
**			City	FL Zip Code				
	named entity submits this statement ions of registered agent.	or the purpose of	f changing its registe	ered office or regis	tered agent, or both, in the	ne State of Florida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
1	Signature, typed or printed harne or registered agor	it and title if applicable.	(NOTE: Registr	ered Agent signature requi	ired when reinstating)	DATE		
,	Filing Fee is \$61.25 Due by May 1, 2004		(NOTE: Registr Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Make check Florida Depart		
10.	Filling Fee is \$61.25	9.	Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	Make check	ment of St	ate
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated on the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL J. FRANCO

5/12/04

352-351-9800

Daytime Phone #