2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Mar 14, 2005 8:00 am **Secretary of State** DOCUMENT # N32599 1. Entity Name 03-14-2005 90087 012 ****61.25 PROJECT GRADUATION OF MARION COUNTY 1989, Principal Place of Business Mailing Address P.O. BOX 1572 OCALA FL 34478 P.O. BOX 1572 **OCALA FL 34478** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2951731 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGEE, MARJORIE A Street Address (P.O. Box Number is Not Acceptable) 2159 SÉ 7TH TERRACE OCALA FL 34471 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Defete TITLE Change ☐ Addition MCGEE, MARJORIE MEGEE, MADIRIE 2159 SE 7TH TERRACE 2159 SE TH TORRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP OLMA, FL 3447 TD TITLE TITLE ☐ Defete ☐ AddItion FRANCO, MICHAEL & FRANCO, MICHAEL 2159 SE 7TH TERRACE STREET ADDRESS STREET ADDRESS SAME OCALA FL 34471 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition BUMBACH, MARSHA NAME NAME 14791 SW 29 AVE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34473** CITY-ST-ZIP TD Delete THILE 🗷 Change ☐ Addition DALEY, KEN BALEY, KON NAME NAME 1314 SW 17TH STREET STREET ADDRESS STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP CITY-ST-7iP Delete TITLE Change **Addition** DAVID YOLK, ANDY NAME NAME STREET ADDRESS 1551 SW 374 Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34474 ☐ Delete VD. TITLE **X** Addition MATTHEWS, MATT NAME NAME STREET ADDRESS STREET ADDRESS DU BOX 1270 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34478 12. 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 report or supplemental peport 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 trastee 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.

FILED