2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N32599

Entity Name: PROJECT GRADUATION OF MARION COUNTY 1989, INC.

Current Principal Place of Business:

2159 SE 7TH TERRACE
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1572
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-2951731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGEE, MARJORIE A
2159 SE 7TH TERRACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MCGEE, MARJORIE
Address: 2159 SE 7TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: FRANCO, MICHAEL
Address: 2159 SE 7TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: DAVIDYOCK, ANDY
Address: 1551 SW 37TH AVE
City-St-Zip: OCALA, FL 34474

Title: TD ( ) Delete
Name: DALEY, KEN
Address: 1314 SW 17TH STREET
City-St-Zip: OCALA, FL 34474

Title: PD ( ) Delete
Name: MATTHEWS, MATT
Address: P.O. BOX 1270
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN DALEY TD 04/30/2008

Electronic Signature of Signing Officer or Director — Date