SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $150 (IF REINSTATED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N92000000161 (1)**

1. Corporation Name
PROJECT GRADUATION-CITRUS HIGH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1994 INVERNESS FL 34450 US	P.O. BOX 1994 INVERNESS FL 34451 US

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-3158400 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOU ELLEN DAVIS
3075 S. FLORIDA AVENUE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: Jane B. Tessmer
82 Street Address (P.O. Box Number is Not Acceptable): 8130 East Lost Pond Lane
83
84 City: Inverness FL 85 Zip Code: 34450

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: Jane B. Tessmer Jane B. Tessmer, Treasurer 6/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, LOU ELLEN	1.2 NAME	Betty Turco	
STREET ADDRESS	3075 S. FLORIDA AVENUE	1.3 STREET ADDRESS	5265 E. Lambert Lane	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34452	
TITLE	D	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	POMPOSELLI, KATHY	2.2 NAME	Jane B. Tessmer	
STREET ADDRESS	10132 S. PALAMINO TR.	2.3 STREET ADDRESS	8130 East Lost Pond Lane	
CITY-ST-ZIP	FLORAL CITY FL	2.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HIGDON, LINDA	3.2 NAME		
STREET ADDRESS	209 S. VAN BUCK DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jane B. Tessmer Jane B. Tessmer 6/27/95 (904)726-9565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010220