

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N92000000161 (1)**

1. Corporation Name

PROJECT GRADUATION-CITRUS HIGH, INC.



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

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number

59-3158400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TESSMER, JANE B
8130 EAST LOST POND LANE
INVERNESS FL 34450**

81 Name **Amy LoCascio**

82 Street Address (P.O. Box Number is Not Acceptable)
200 West Main Street

83

84 City **Inverness**

FL 85 **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

Amy LoCascio

Amy LoCascio

7/5/96

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	<input checked="" type="checkbox"/> DELETE
NAME	TURCO, BETTY	
STREET ADDRESS	5265 W. LAMBERT LANE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TESSMER, JANE B	
STREET ADDRESS	8130 EAST LOST POND LANE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGDON, LINDA	
STREET ADDRESS	209 S. VAN BUCK DR.	
CITY - ST - ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rick St. Clair	
1.3 STREET ADDRESS	3824 N. Owen Trail	
1.4 CITY - ST - ZIP	Inverness, FL 34450	
2.1 TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Amy LoCascio	
2.3 STREET ADDRESS	200 West Main Street	
2.4 CITY - ST - ZIP	Inverness, FL 34450	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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:

Amy LoCascio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy LoCascio

7/5/96 (352) 726-8435

Date

Daytime Phone #

CR2E037 (3/96)