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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000161 (1)**
1. Corporation Name

PROJECT GRADUATION-CITRUS HIGH, INC.



Principal Place of Business P.O. BOX 1994 INVERNESS FL 34450 US	Mailing Address P.O. BOX 1994 INVERNESS FL 34451 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34451 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 10/30/1992	
4. FEI Number 59-3158400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCASCIO, AMY 200 WEST MAIN STREET INVERNESS FL 34450

10. Name and Address of New Registered Agent 81 Name MARCIA L. DAVIES 82 Street Address (P.O. Box Number is Not Acceptable) 3250 S. BLACK MOUNTAIN DR. 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 *Marcia L. Davies* 3/01/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CLAIR, RICK ST
STREET ADDRESS	3824 N OWEN TRAIN
CITY-ST-ZIP	INVERNESS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ST, CLAIR R
STREET ADDRESS	3824 N OWEN TRL
CITY-ST-ZIP	INVERNESS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS CROSS, SANDRA
STREET ADDRESS	8580 E ORANGE AVE
CITY-ST-ZIP	FLORAL CITY 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CO-DIRECTOR
1.3 STREET ADDRESS	JOANNE MCBREARTY
1.4 CITY-ST-ZIP	5178 ROBERT BLAKE AVE. INVERNESS, FL 34452
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C-DIRECTOR
2.3 STREET ADDRESS	DIANA L. FOURNIER
2.4 CITY-ST-ZIP	402 TEMPLE ST. INVERNESS, FL 34452
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CO-DIRECTOR
3.3 STREET ADDRESS	KATHY POMPOSELLI
3.4 CITY-ST-ZIP	10132 S. PALOMINO TR FLORAL CITY, FL 34436
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CO-DIRECTOR
4.3 STREET ADDRESS	BECKY O'CONNELL
4.4 CITY-ST-ZIP	4993 S. RAINBOW CR. INVERNESS, FL 34450
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	MARCIA L. DAVIES
5.4 CITY-ST-ZIP	3250 S. BLACK MOUNTAIN DR. INVERNESS, FL 34450
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 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 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: *Marcia L. Davies* 3/1/98 (352) 344-8452

CR2E037 (10/97)