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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000161**

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

563658 - 90014 - 35

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3158400 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVIES, MARCIA L
3250 S BLACK MT DR
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: Walker, Terri
82 Street Address (P.O. Box Number is Not Acceptable): 6046 E Daly Ln
83
84 City: Inverness FL 85 Zip Code: 34452

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: Terri Walker DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCBREARTY, JOANNE 5178 ROBERT BLAKE AVE INVERNESS FL 34452	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Klinehoffer, Lynn 9188 E. Sandpiper Dr. Inverness, Fl 34450	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOURNIER, DIANA L 402 TEMPLE ST INVERNESS FL 34452	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CD Beaudet, Nancy 5581 S Marathon Terr Inverness, FL 32252	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD POMPOSELLI, KATHY 10132 S PALOMINO TERR FLORAL CITY FL 34436	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	CD Albrecht, Christine 3642 E Foxwood Ln ~~Inverness FL 32252~~	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD O'CONNELL, BECKY 4993 S RAINBOW CIR INVERNESS FL 34450	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Walker, Terri 6046 E Daly Ln Inverness, FL 34452	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIES, MARCIA L 3250 S BLACK MOUNTAIN DR INVERNESS FL 34450	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Terri Walker 5-3-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #