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Secretary of State

05-07-1999 90138 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000161

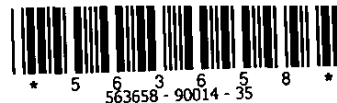
1. Corporation Name

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


* 5 6 3 6 5 8 - 90014 - 35 8 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3158400	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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
85 Zip Code	FL 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


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	CD ☐ DELETE	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	MCBREARTY, JOANNE	1.2 NAME	Klinehoffer, Lynn
STREET ADDRESS	5178 ROBERT BLAKE AVE	1.3 STREET ADDRESS	9188 E. Sandpiper Dr.
CITY-ST-ZIP	INVERNESS FL 34452	1.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	CD ☐ DELETE	2.1 TITLE	CD ☒ Change ☐ Addition
NAME	FOURNIER, DIANA L	2.2 NAME	Beaudet, Nancy
STREET ADDRESS	402 TEMPLE ST	2.3 STREET ADDRESS	5581 S Marathon Terr
CITY-ST-ZIP	INVERNESS FL 34452	2.4 CITY-ST-ZIP	Inverness, FL 32252
TITLE	CD ☐ DELETE	3.1 TITLE	CD ☒ Change ☐ Addition
NAME	COMPOSELLI, KATHY	3.2 NAME	Albrecht, Christine
STREET ADDRESS	10132 S PALOMINO TERR	3.3 STREET ADDRESS	3642 E Foxwood Ln
CITY-ST-ZIP	FLORAL CITY FL 34438	3.4 CITY-ST-ZIP	Inverness FL 32252
TITLE	CD ☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	O'CONNELL, BECKY	4.2 NAME	Walker, Terri
STREET ADDRESS	4993 S RAINBOW CIR	4.3 STREET ADDRESS	6046 E Daly Ln
CITY-ST-ZIP	INVERNESS FL 34450	4.4 CITY-ST-ZIP	Inverness, FL 34452
TITLE	T ☐ DELETE	5.1 TITLE	
NAME	DAVIES, MARCIA L	5.2 NAME	
STREET ADDRESS	3250 S BLACK MOUNTAIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-99