

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000161

FILED
Apr 03, 2007
Secretary of State

Entity Name: PROJECT GRADUATION-CITRUS HIGH, INC.

Current Principal Place of Business:

P.O. BOX 1994
INVERNESS, FL 34451 US

New Principal Place of Business:

600 W HIGHLAND BLVD
INVERNESS, FL 34450 US

Current Mailing Address:

P.O. BOX 1994
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3158400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, MARY L
5330 E TANGELO LANE
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: XENOPHON, LORI
Address: 3345 S CROSSBILL LOOP
City-St-Zip: INVERNESS, FL 34450

Title: DS () Delete
Name: NELSON, LENORA
Address: 205 EDISON STREET
City-St-Zip: INVERNESS, FL 34452

Title: T () Delete
Name: ELLZEY, CYNTHIA
Address: 10004 E REGENCY ROW
City-St-Zip: INVERNESS, FL 34450

Title: CD () Delete
Name: WARD, PAMELA
Address: 5415 S EATON TERRACE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: DEFOE, JULIE
Address: 11325 S GREENFIELD AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: DS (X) Change () Addition
Name: TOBIN, MARLENE
Address: 5489 E FALCON LANE
City-St-Zip: INVERNESS, FL 34452

Title: T (X) Change () Addition
Name: ELDRIDGE, REBECCA
Address: 3109 S CYGNET TER
City-St-Zip: INVERNESS, FL 34450

Title: CD (X) Change () Addition
Name: BUDD, DOREEN
Address: 9257 E SMOKETREE PLACE
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN BUDD

CD

04/03/2007

Electronic Signature of Signing Officer or Director

Date