


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90022 008 \*\*\*\*70.00

<b>DOCUMENT # N92000000161</b> 1. Entity Name PROJECT GRADUATION-CITRUS HIGH, INC.	
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Principal Place of Business 600 W HIGHLAND BLVD INVERNESS, FL 34450 US	Mailing Address P.O. BOX 1994 INVERNESS, FL 34451 US
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2. Principal Place of Business - No P.O. Box # <b>no changes</b>	3. Mailing Address <b>no changes</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  CRAIG, MARY L 5330 E TANGELO LANE INVERNESS, FL 34453	
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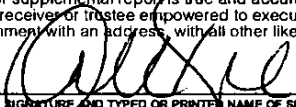
7. Name and Address of New Registered Agent Name <b>Dawn Martone</b> Street Address (P.O. Box Number is Not Acceptable) <b>5414 S. Dede Terr.</b> City <b>Inverness</b> <b>FL</b> Zip Code <b>34452</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Dawn Martone</b> <b>3/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>	
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DEFOE, JULIE 11325 S GREENFIELD AVE FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOBIN, MARLENE 5489 E FALCON LANE INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELDRIDGE, REBECCA 3109 S CYGNET TER INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUDD, DOREEN 9257 E SMOKETREE PLACE INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD T Watt, Lawanda 8855 E. Larian St. Inverness, FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stanlev. Debra PO BOX 1994 Inverness FL 34451 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martone, Dawn 5414 S. Dede Terr. Inverness, FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Felthoff, Brock 11 N. Archwood Dr. Inverness, FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martone, Chris 5414 S. Dede Terr. Inverness, FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <b>DAWN MARTONE</b> <b>3/14/08</b> <b>6374411</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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03142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3158400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required