FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000512 (5)

1. Corporation Name

DELTONA AREA PROJECT GRADUATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5403 DELTONA FL 32728-5403	P.O. BOX 5403 DELTONA FL 32728-5403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-3142078 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALYERS, DOUGLAS E
2043 DEARING AVE.
DELTONA FL 32725-3315

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SALYERS, DOUGLAS E	1.2 NAME		
STREET ADDRESS	2043 DEARING AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	PERRY, DEBRA	2.2 NAME		
STREET ADDRESS	2041 HEATHWOOD STR	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	ACKLEY, PAM	3.2 NAME	Heneghan, Jenni	
STREET ADDRESS	1435 WIND KNOLL LN	3.3 STREET ADDRESS	118 Forrest Lane	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	Orange City, Florida 32763	
TITLE	P	4.1 TITLE	President	☒ Change ☐ Addition
NAME	ECKWAHL, DEBRA	4.2 NAME	Kathi Ives	
STREET ADDRESS	58 BOUGAINVILLEA DR	4.3 STREET ADDRESS	1957 Brewster Dr.	
CITY-ST-ZIP	DEBARY FL	4.4 CITY-ST-ZIP	Deltona, Fl. 32738	
TITLE	T	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HECKLER, BETSY	5.2 NAME	Leona Chamberlain	
STREET ADDRESS	31 ROSEDOWN BLVD	5.3 STREET ADDRESS	3107 Blaine Circle	
CITY-ST-ZIP	DEARY FL	5.4 CITY-ST-ZIP	Deltona, Fl. 32738	
TITLE		6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME		6.2 NAME	Cheri Shanafelt	
STREET ADDRESS		6.3 STREET ADDRESS	1072 Angora Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deltona, Fl. 32725	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Douglas E. Salyers Director 2/8/95 904-532-5094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

Douglas E Salyers

0031430