

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALYERS, DOUGLAS E	
STREET ADDRESS	2043 DEARING AVE	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, DEBRA	
STREET ADDRESS	2041 HEATHWOOD STR	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENEGHAN, JENNI	
STREET ADDRESS	118 FORREST LANE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IVES, KATHI	
STREET ADDRESS	1957 BREWSTER DR	
CITY - ST - ZIP	DELTONA FL 32738	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, LEONA	
STREET ADDRESS	3107 BLAINE CIRCLE	
CITY - ST - ZIP	DELTONA FL 32738	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHANAFELT, CHERI	
STREET ADDRESS	1072 ANGORA STREET	
CITY - ST - ZIP	DELTONA FL 32725	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	P
43 STREET ADDRESS	DEESE, BOBBIE
44 CITY - ST - ZIP	515 GENEVA AVE
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	T
53 STREET ADDRESS	CATHY INGLIMA
54 CITY - ST - ZIP	1820 E. COOPER DRIVE
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	S
63 STREET ADDRESS	WEINCLAW, RENE
64 CITY - ST - ZIP	1632 N. MERRICK DRIVE

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)(k), 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

2/8/96

904-532-5094

Date

Daytime Phone #

CR2E037 (12/95)