

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

P.O. BOX 5403  
DELTONA FL 32728-5403

Mailing Address

P.O. BOX 5403  
DELTONA FL 32728-54033. Date Incorporated or Qualified  
11/30/19923a. Date of Last Report  
02/14/19964. FEI Number  
59-3142078Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

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 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 checked="" type="checkbox"/> DELETE
NAME	MES, KATHI	
STREET ADDRESS	1957 BREWSTER DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERLAIN, LEONA	
STREET ADDRESS	3107 BLAINE CIRCLE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	S	<input checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P Debra Eckhardt
4.3 STREET ADDRESS	58 Bougainvillea Drive
4.4 CITY-ST-ZIP	DeBary, FL 32713
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T Cathy Inglima
5.3 STREET ADDRESS	1820 E. Cooper Dr
5.4 CITY-ST-ZIP	Deltona FL 32725
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S Barbara Mack
6.3 STREET ADDRESS	246 Riviera Dr
6.4 CITY-ST-ZIP	DeBary FL 32713

14. I do 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.

SIGNATURE:

Douglas E. Salyers (Director)

2/5/97 904-552-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0013250

CR2E037 (9/96)