

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 #
1. Corporation Name

194000003394

PAINTED ROCK SEMINARS, INC.

Principal Place of Business

Chattahoochee, FL

Mailing Address

P. O. BOX 492
Chattahoochee FL
32324

3. Date Incorporated or Qualified
07/11/94

3a. Date of Last Report
05/01/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 492

4. FEI Number

59-3311748

Applied For

Not Applicable

22 City & State

27 City & State

Chattahoochee FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country
32324 U.S.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Parsons, Stewart E.
119 W. Washington St.
Chattahoochee FL 32324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Annis, Lawrence V.
STREET ADDRESS 1330 Sharon Rd.
CITY-ST-ZIP Tallahassee FL 32303

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME McClaren, Harry A.
STREET ADDRESS P. O. Box 522
CITY-ST-ZIP Quincy FL 32353 N/A

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VD
NAME Rowan, Jill J.
STREET ADDRESS 403 Morgan Ave.
CITY-ST-ZIP Chattahoochee FL 32324

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE SD
NAME Benoit, Jeffrey L.
STREET ADDRESS P. O. Box 294
CITY-ST-ZIP Chattahoochee FL 32324 N/A

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE TD
NAME Resch, Ellen E.
STREET ADDRESS 2191 Mohawk Trail
CITY-ST-ZIP Sneads FL 32460

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: Ellen E. Resch Ellen E. Resch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996 904/663-7706

Date

Daytime Phone

CR2E037 (12/95)