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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000003394 (3)**

1. Corporation Name

PAINTED ROCK SEMINARS, INC.

Principal Place of Business	Mailing Address
119 W. WASHINGTON STREET CHATTAHOOCHEE FL 32324	PO BOX 492 CHATTAHOOCHEE FL 32324-0492

3. Date Incorporated or Qualified: 07/11/1994	3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-3311748	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
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	

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

9. Name and Address of Current Registered Agent

PARSONS, STEWART E
119 W. WASHINGTON STREET
CHATTAHOOCHEE FL 32324

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 (See next page for required signature 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANNIS, LAWRENCE V		1.2 NAME	
STREET ADDRESS	1330 SHARON ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCLAREN, HARRY A		2.2 NAME	
STREET ADDRESS	P.O. BOX 522 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32353		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROWAN, JILL J		3.2 NAME	
STREET ADDRESS	403 MORGAN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BENOIT, JEFFREY L		4.2 NAME	
STREET ADDRESS	P.O. BOX 294 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32424		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RESCH, ELLEN E		5.2 NAME	
STREET ADDRESS	2191 MOHAWK TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Ellen E. Resch Ellen E. Resch 3/10/97 (904)663-7807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #