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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003394

1. Corporation Name

PAINTED ROCK SEMINARS, INC.

Principal Place of Business
119 W. WASHINGTON STREET
CHATTAHOOCHEE FL 32324

Mailing Address
PO BOX 492
CHATTAHOOCHEE FL



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/11/1994

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

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

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 ☐ DELETE

NAME **PD ANNIS, LAWRENCE V.**
STREET ADDRESS **1330 SHARON ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **VD MCCLAREN, HARRY A**
STREET ADDRESS **P.O. BOX 522 N/A**
CITY-ST-ZIP **QUINCY FL 32353**

TITLE ☐ DELETE

NAME **VD ROWAN, JILL J**
STREET ADDRESS **403 MORGAN AVENUE**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

TITLE ☐ DELETE

NAME **SD BENOIT, JEFFREY L**
STREET ADDRESS **P.O. BOX 294 N/A**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32424**

TITLE ☐ DELETE

NAME **TD RESCH, ELLEN E**
STREET ADDRESS **2191 MOHAWK TRAIL**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

E. Resch
SIGNATURE REQUIRED E. Resch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (850) 663-7268

Date

Daytime Phone #

CR2E037 (1/98)