

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 # N94000006173

1. Corporation Name

Project Graduation

Principal Place of Business

Mailing Address

Spruce Creek High School 801 Taylor Rd.
Port Orange, FL 32127

2. Principal Place of Business

2a. Mailing Address

21 Spruce Creek High School 26 801 Taylor Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 801 Taylor Rd. 27 Port Orange FL
City & State City & State
23 Port Orange FL. 28
Zip Country Zip Country
24 32127 25 USA 29 32127 30 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

July, 95

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Margaret Arleen Fortson
10 Carrington Ln.
Ormond Beach, FL 32174

81 Name

Mrs. Pat Ellicott
6115 Half Moon Drive

83

84

Port Orange

FL

Zip Code

32127

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

Patricia D. Ellicott

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D President ☐ DELETE

NAME MRS. PAT ELLICOTT
STREET ADDRESS 6115 HALF MOON DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D Vice-President ☐ DELETE

NAME Mrs. Linda Samuels
STREET ADDRESS 2505 South Peninsula Drive
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D Secretary ☐ DELETE

NAME Mrs. Lidia M. Cort
STREET ADDRESS 1904 POPPY LAKE
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: Margaret A. Fortson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996

Date

RS 6/25/96

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.

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