

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000000731 (8)**  
 1. Corporation Name

**CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION, INC**



Principal Place of Business

Mailing Address

POST OFFICE BOX 908  
 LECANTO FL 34460

POST OFFICE BOX 908  
 LECANTO FL 34460

3. Date Incorporated or Qualified  
**02/13/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-3303511**

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

**SLAYMAKER, THOMAS A  
 2218 HIGHWAY 44 WEST  
 INVERNESS FL 34453**

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President /Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMON, PATRICK</b>	1.2 NAME	<b>King, V. Lionel</b>
STREET ADDRESS	<b>681 WEST BRITIAN STREET</b>	1.3 STREET ADDRESS	<b>1739 N. Future Terrace</b>
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	1.4 CITY-ST-ZIP	<b>Lecanto, FL 34461</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President /Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISREAL, CHERYL</b>	2.2 NAME	<b>Gates, Kathy</b>
STREET ADDRESS	<b>1307 LONGBOAT POINT</b>	2.3 STREET ADDRESS	<b>8720 S. Pleasant Grove Road</b>
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	2.4 CITY-ST-ZIP	<b>Inverness, FL 34452</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer /Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ICKSTADT, REBECCA</b>	3.2 NAME	<b>Ickstadt, Rebecca</b>
STREET ADDRESS	<b>8100 SOUTH SHADOWBRIGHT PLACE</b>	3.3 STREET ADDRESS	<b>8100 South Shadowbright Place</b>
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	3.4 CITY-ST-ZIP	<b>Floral City, FL 34425</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary /Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Dalton, Brenda</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5825 S. Chestnut Terrace</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Lecanto, FL 34461</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Rebecca Ickstadt*  
 REBECCA ICKSTADT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 1996

352/344-1845

Date

Daytime Phone #

CR2E037 (3/96)