

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90176 033 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000000731

1. Corporation Name

CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION, INC

Principal Place of Business

POST OFFICE BOX 908  
LECANTO FL 34460

Mailing Address

POST OFFICE BOX 908  
LECANTO FL 34460



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3303511

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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 PD  
NAME KING, V LIONAL  
STREET ADDRESS 1739 N FUTURE TERRACE  
CITY-ST-ZIP LECANTO FL 34461

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
ICKSTADT, REBECCA  
8100 S. SHADOWBRIGHT PLACE  
FLORAL CITY FL 34425

Change Addition

TITLE VPD  
NAME GATES, KATHY  
STREET ADDRESS 8720 S PLEASANT GROVE ROAD  
CITY-ST-ZIP INVERNESS FL 34452

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME ICKSTADT, REBECCA  
STREET ADDRESS 8100 SOUTH SHADOWBRIGHT PLACE  
CITY-ST-ZIP FLORAL CITY FL 34425

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TD  
MICHAEL WIRT  
6090 SO REDBIRD AVE  
LECANTO, FL 34461

Change Addition

TITLE SD  
NAME DALTON, BRENDA  
STREET ADDRESS 5825 S CHESTNUT TERRACE  
CITY-ST-ZIP LECANTO FL 34461

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)