2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # N95000000731

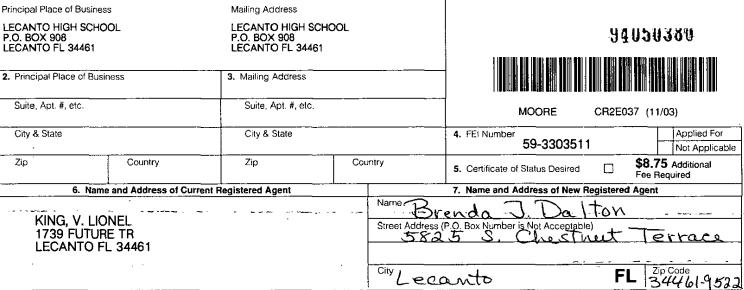
1. Entity Name

## CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION, INC:



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90669 021 \*\*\*\*61.25



8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing

FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State.			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, V. LIONEL 1739 N. FUTURE TR. LECANTO FL 34461	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palton, Brendo 5825 S. Chest Lecanto, Fl.	nut Tr. 34461	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALTON, BRENDA . 5825 S. CHESTNUT TR. LECANTO FL 34461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Diana Baize 150 W. Citra Citrus Spfings		□ Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, DAVE 2435-W. JONQUIL DRIVE – CITRUS SPRINGS FL 34434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	المام الم		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFESS, SUE 3 CANELA CT HOMOSASSA FL 34446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: