

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000000731

1. Entity Name  
CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION,  
INC.



Principal Place of Business

LECANTO HIGH SCHOOL  
P.O. BOX 908  
LECANTO, FL 34461

Mailing Address

LECANTO HIGH SCHOOL  
P.O. BOX 908  
LECANTO, FL 34461



01262005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3303511

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DALTON, BRENDA J  
5825 S CHESTNUT TERR.  
LECANTO, FL 34461-9522

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*Brenda J. Dalton* *Brenda J. Dalton*

*1-25-05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000215488

02/05/05-80011-0119 \$1.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALTON, BRENDA
STREET ADDRESS	5825 S CHESTNUT T.
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	SD
NAME	DALTON, BRENDA
STREET ADDRESS	5825 S. CHESTNUT TR.
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	DVP
NAME	BROWN, DAVE
STREET ADDRESS	2435 W. JONQUIL DRIVE
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	DT
NAME	JEFFESS, SUE
STREET ADDRESS	3 CANELA CT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	SD
NAME	BAIZE, DIANA
STREET ADDRESS	150 W CITRUS SPRINGS BLVD.
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Brenda J. Dalton* *Brenda J. Dalton*

Date

Daytime Phone #