

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 012 ****61.25

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		
2. Principal Place of Business - No P.O. Box # (Jim Davis) Suite, Apt. #, etc. Playhouse 19 (Same)		3. Mailing Address Jim Davis Playhouse 19 Suite, Apt. #, etc. 865 N. Suncoast Blvd City & State Crystal River Zip 34429 Country Citrus			
4. FEI Number 59-3303511		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DALTON, BRENDA J 5825 S CHESTNUT TERR. LECANTO, FL 34461-9522			7. Name and Address of New Registered Agent Name Jim Davis Street Address (P.O. Box Number is Not Acceptable) Playhouse 19 865 N. Suncoast Blvd City Crystal River FL Zip Code 34429		
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 <u>Brenda J Dalton</u> DATE <u>April 27, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, BRENDA		NAME		
STREET ADDRESS	5825 S CHESTNUT T.		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, BRENDA		NAME		
STREET ADDRESS	5825 S. CHESTNUT TR.		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVE		NAME		
STREET ADDRESS	2435 W. JONQUIL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFESS, SUE		NAME		
STREET ADDRESS	3 CANELA CT		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIZE, DIANA		NAME		
STREET ADDRESS	150 W CITRUS SPRINGS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brenda J Dalton</u> DATE <u>April 27, 2007</u> DAYTIME PHONE # <u>352 628 1484</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40113239



05082007 Chg-NP CR2E037 (12/06)