

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703211 (3)
 1. Corporation Name
ACT, CORP.

Principal Place of Business 1220 WILLIS AVE DAYTONA BEACH FL 32114-2810	Mailing Address 1220 WILLIS AVE DAYTONA BEACH FL 32114-2810
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3. Date Incorporated or Qualified
11/17/1961

4. FEI Number 59-0976866	Applied For ☐ Yes ☐ No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBLE, KERMIT J.
511 NORTH OLEANDER AVENUE
DAYTONA BEACH FL 32014**

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 relistening)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DUNN, LUCKEY M.D.	1.2 NAME	
STREET ADDRESS	155 S HALIFAX AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	FLYNT, LIZZIE	2.2 NAME	Willie Mae Session
STREET ADDRESS	808 S. MARTIN LUTHER KING	2.3 STREET ADDRESS	1108 Lakewood Park Drive
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE	D ☐ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	LAROSA, PETER	3.2 NAME	
STREET ADDRESS	1825 WHIPPOORWILL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE	PP ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HILLS, RICHARD, REVEREND	4.2 NAME	
STREET ADDRESS	892 DELTONA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	ATTICK, WILLIAM E	5.2 NAME	Deanna Schaeffer
STREET ADDRESS	1308 PEACHTREE ROAD	5.3 STREET ADDRESS	111 N. Frederick Avenue
CITY-ST-ZIP	DAYTONA BEACH FL 32114	5.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	PD ☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ZIMNY, ANNA	6.2 NAME	
STREET ADDRESS	1401 MEADOW LARK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Jack Dunn

2/10/98

CP2E037 (10/97)