

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703211

FILED
Mar 08, 2007
Secretary of State

Entity Name: ACT, CORP.

Current Principal Place of Business:

1220 WILLIS AVE
DAYTONA BEACH, FL 321142810

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVE
DAYTONA BEACH, FL 321142810

New Mailing Address:

FEI Number: 59-0976866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, SCOTT ESQ
595 W. GRANADA BLVD., STE. A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRANE, CHERYL C
Address: PO BOX 5176
City-St-Zip: ORMOND BEACH, FL 321755176

Title: D () Delete
Name: DIXON, JACK
Address: 269 WESTHAMPTON DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: MR () Delete
Name: ELDER, LESLIE
Address: P O BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: FOXMAN, S. JAMES JUDGE
Address: 124 RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MS (X) Delete
Name: BLOOM, CAROLE
Address: 1450 SHADY MEADOW LANE
City-St-Zip: DELAND, FL 32724

Title: MR (X) Delete
Name: FEATHER, ROBERT
Address: 625 MACY AVE
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: FOXMAN, S. JAMES
Address: 124 RIVERSIDE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MR (X) Change () Addition
Name: STONE, RICK
Address: 290 PARRULLI DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MS (X) Change () Addition
Name: CORBYONS, MARIAN
Address: 325 LAKE WINNEMISSETT DRIVE
City-St-Zip: DELAND, FL 32734

Title: MS (X) Change () Addition
Name: ZEIDWIG, DIANE
Address: 324 E CHURCH STREET
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. JAMES FOXMAN

MR

03/08/2007

Electronic Signature of Signing Officer or Director

Date