## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703211** 

ZEIDWIG, DIANE

DELAND, FL 32720

324 E CHURCH STREET

Name:

Address:

City-St-Zip:

FILED Feb 14, 2008 Secretary of State

D 0 0 0 11		00211				ocorciary or otate	
Entity Name: ACT, CORP.							
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
1220 WILL DAYTONA		L 321142810					
Current Mailing Address:				New Mailing Address:			
1220 WILL DAYTONA		L 321142810					
FEI Number:	59-0976866	FEI Numbe	er Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
595 W. GF ORMOND	BEACH, FI	.VD., STE. A _ 32174 US					
The above in the State	named ent of Florida.	ity submits this	statement for the p	urpose of changing i	ts registe	ered office or registered agent, or both,	
SIGNATUR	RE:						
	Elect	ronic Signature	e of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MR FOXMAN, S 124 RIVER: NEW SMYF		:2168	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	MR STONE, RIG 290 PARRU ORMOND E			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MS CORBYONS 325 LAKE V DELAND, F	VINNEMISSETT D	PRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	MS	( ) Delete		Title:	MR	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

LENNARTZ, JOSEPH

1219 DUNN AVENUE

DAYTONA BEACH, FL 32114

SIGNATURE: RICK STONE MR. 02/14/2008