

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756679 (7)

1. Corporation Name
**AMERICAN COLLEGE OF THEACTUALISM NOMISTIC ORDER
WORLDWIDE, INC.**



Principal Place of Business
**CAMP BRADLEY
FRED WALKER ROAD
RT. ONE BOX 188
BRANFORD FL 32008**

Mailing Address
**CAMP BRADLEY
FRED WALKER ROAD
~~RT. ONE BOX 188~~ RT4 BOX 34
BRANFORD FL 32008**

3. Date Incorporated or Qualified 03/09/1981	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2292967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired YES <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 CAMP BRADLEY - FRED WALKER RD.	26 Mailing Address CAMP BRADLEY
22 Suite, Apt. #, etc. RT4, BOX 34	27 Suite, Apt. #, etc.
23 City & State BRANFORD, FL. 32008	28 City & State
24 Zip 32008	25 Country LAFALETTE
29 Zip 32008	30 Country LAFALETTE

9. Name and Address of Current Registered Agent KHAN-VON ROSEN, LEON G FRED WALKER ROAD RT. 1 BOX 34 BRANFORD FL 32008				10. Name and Address of New Registered Agent			
81 Name KHAN-von ROSEN, LEON G.				82 Street Address (P.O. Box Number is Not Acceptable) Camp Bradley-Fred walker Rd.			
83 Route 4, box 34				84 City Branford, Fla			
				85 Zip Code FL 32008			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHAN-VAN ROSEN, LEON G		1.2 NAME	KHAN-VON ROSEN, LEON G.			
STREET ADDRESS	432 KOON LAKE		1.3 STREET ADDRESS	CAMP BRADLEY/Fred walker RD.			
CITY-ST-ZIP	MAYO FL		1.4 CITY-ST-ZIP	RT, 4, Box 34			
				Branford, Fla. 32008	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOON, BETH W		2.2 NAME	BETH W. KOON			
STREET ADDRESS	432 KOON LAKE		2.3 STREET ADDRESS	CAMP BRADLEY. Fred WALKER RT.			
CITY-ST-ZIP	MAYO FL		2.4 CITY-ST-ZIP	RT4 Box 34, Branford, Fla. 32008			
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKAY, LEAH B.		3.2 NAME	Mckay.leah B.			
STREET ADDRESS	432 KOON LAKE		3.3 STREET ADDRESS	camp Bradley-Fred walker rd			
CITY-ST-ZIP	MAYO FL		3.4 CITY-ST-ZIP	RT. 4, Box 34			
				BRANFORD, FLA. 32008	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Leon G. Khan - von Rosen 4-21-96 1-904-935-2462
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LEON G. KHAN - VON ROSEN PSD Date: _____ Daytime Phone #: _____

CR2E037 (12/95)