

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 LA FAYETTE
29 Zip 32008	30 Country LA FAYETTE

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 State FL	86 Zip Code 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	NAME KHAN-VAN ROSEN, LEON G	1.1 TITLE PSD	NAME KHAN-VON ROSEN, LEON G.
STREET ADDRESS 432 KOON LAKE	CITY-ST-ZIP MAYO FL	1.2 NAME	1.3 STREET ADDRESS CAMP BRADLEY/Fred walker RD.
TITLE VTD	NAME KOON, BETH W	1.4 CITY-ST-ZIP BRANFORD, Fla. 32008	2.1 TITLE VPS
STREET ADDRESS 432 KOON LAKE	CITY-ST-ZIP MAYO FL	2.2 NAME BETH W. KOON	2.3 STREET ADDRESS CAMP BRADLEY. Fred WALKER RT.
TITLE D	NAME MCKAY, LEAH B.	2.4 CITY-ST-ZIP RT4 Box 34, Branford, Fla. 32008	3.1 TITLE D
STREET ADDRESS 432 KOON LAKE	CITY-ST-ZIP MAYO FL	3.2 NAME Mckay.leah B.	3.3 STREET ADDRESS camp Bradley-Fred walker rd
TITLE	NAME	3.4 CITY-ST-ZIP RT. 4, Box 34	4.1 TITLE BRANFORD, FLA. 32008
TITLE	NAME	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE
TITLE	NAME	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
TITLE	NAME	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 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 Date: 4-21-96 Daytime Phone #: 1-904-935-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LEON G. KHAN - VON ROSEN PSD

CR2E037 (12/95)