

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756679** (7)
1. Corporation Name
**AMERICAN COLLEGE OF THEACTUALISM NOMISTIC ORDER
WORLDWIDE, INC.**



Principal Place of Business CAMP BRADLEY RT 4 BOX 34 FRED WLAKER RD BRANFORD FL 32008 US	Mailing Address CAMP BRADLEY RTT 4 BOX 34 FRED WALKER RD BRANFORD FL 32008-0034 US	3. Date Incorporated or Qualified 03/09/1981	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2292967	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KHAN-VON ROSEN, LEON G CAMP BRADLEY-FRED WALKER RD RT. 1 BOX 34 BRANFORD FL 32008	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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN-VAN ROSEN, LEON G	1.2 NAME	
STREET ADDRESS	RTT 4 RT T34 FRED WLAKER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL BRANFORD, FL. 32008	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, BETH W	2.2 NAME	
STREET ADDRESS	RT 4 BOX 34 FRED WALKER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL BRANFORD, FL. 22008	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, LEAH B.	3.2 NAME	
STREET ADDRESS	RT T4 BOX 34 FRED WALKER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAH K. COBARRO	4.2 NAME	
STREET ADDRESS	RT 4 BOX 34	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD, FL. 32008	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 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: Leon G. Khan - Von Rosen Date: 4-26-97
LEON G. KHAN - VON ROSEN, Pres. Daytime Phone # 0000084

CR2E037 (9/96)