

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>CAMP BRADLEY RT 4 BOX 34 FRED WLAKER RD BRANFORD FL 32008 US</b>		Mailing Address <b>CAMP BRADLEY RTT 4 BOX 34 FRED WALKER RD BRANFORD FL 32008-0034 US</b>		3. Date Incorporated or Qualified <b>03/09/1981</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2292967</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	24	25
Zip	Country	29	30
24	25	29	30
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 <b>KHAN-VON ROSEN, LEON G CAMP BRADLEY-FRED WALKER RD RT. 1 BOX 34 BRANFORD FL 32008</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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	<b>KHAN-VAN ROSEN, LEON G</b>	1.2 NAME	
STREET ADDRESS	<b>RTT 4 RT T34 FRED WLAKER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYO FL BRANFORD, FL. 32008</b>	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOON, BETH W</b>	2.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 34 FRED WALKER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYO FL BRANFORD, FL. 22008</b>	2.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MCKAY, LEAH B.</del>	3.2 NAME	
STREET ADDRESS	<del>RT T4 BOX 34 FRED WALKER RD</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MAYO FL</del>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAH K. COBARD</b>	4.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 34</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD, FL. 32008</b>	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** **LEON G. KHAN - VON ROSEN, Pres.** 4-26-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000084

CR2E037 (9/96)