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FILED  
Jun 22, 2001 8:00 am  
Secretary of State

05-03-2001 90975 037 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001798

1. Entity Name

ACTS 29 NETWORK CORPORATION

CA

Principal Place of Business

SPANISH RIVER PRESBYTERIAN CHURCH  
2400 NW 51ST ST  
BOCA RATON FL 33431

Mailing Address

SPANISH RIVER PRESBYTERIAN CHURCH  
2400 NW 51ST ST  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1008290

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLAS, P DAVID  
SPANISH RIVER PRESBYTERIAN CHURCH  
2400 NW 51ST ST  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
NAME: P DAVID NICHOLAS  
STREET ADDRESS: 5856 YISTA LINDA LANE  
CITY-ST-ZIP: BOCA RATON, FL 33433

TITLE: VICE-PRESIDENT + SECRETARY  
NAME: ERNEST L. TOMFORDE  
STREET ADDRESS: 122 SW 11 COURT  
CITY-ST-ZIP: BOCA RATON, FL 33486

TITLE: TREASURER  
NAME: JAMES TALLBACKA  
STREET ADDRESS: 1001 PALM TRAIL  
CITY-ST-ZIP: DELRAY BCH, FL 33444

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 561 994-5000

Date

Daytime Phone #

CR2E037 (10/00)