


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90048 011 \*\*\*\*70.00

**DOCUMENT # N9400006207**

1. Entity Name  
**ACTS AFFORDABLE HOUSING, INC.**



Principal Place of Business <b>ACTS AFFORDABLE HOUSING INC</b> <b>4612 N 56 ST</b> <b>TAMPA, FL 33610 US</b>	Mailing Address <b>ACTS AFFORDABLE HOUSING INC</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610 US</b>
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**50010240**



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01202005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0550718</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MARROCCO, JOHN P</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

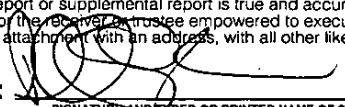
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARROCCO, JOHN P 4612 N 56TH ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALZER, KENNETH 4612 N 56TH ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, RICHARD 4612 N 56TH ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, JULIE 4612 N 56TH ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 registered 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:**  **Chief Operating Officer** **1/20/05** **813-246-4899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# acts ATTACHMENT

# N9-400006207  
50010240

Agency for Community Treatment Services, Inc.

## REQUISITION FORM

Date: 1/20/05

### PROGRAM

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> 131 <sup>st</sup> Street    | <input type="checkbox"/> Drew Park Entire Facility | <input type="checkbox"/> HOPWA - 39th    | <input type="checkbox"/> Moonlight           | <input type="checkbox"/> Polk Youth In Home |
| <input type="checkbox"/> AARF                        | <input type="checkbox"/> Drew Park HUD Only        | <input type="checkbox"/> HOPWA - Francis | <input type="checkbox"/> Morgan Street       | <input type="checkbox"/> Room & Board       |
| <input checked="" type="checkbox"/> Administrations  | <input type="checkbox"/> Drew Park VA Only         | <input type="checkbox"/> Interbay        | <input type="checkbox"/> O'Brien             | <input type="checkbox"/> Training           |
| <input checked="" type="checkbox"/> Adult Outpatient | <input type="checkbox"/> Drug Lab / Secon          | <input type="checkbox"/> JAC Tampa       | <input type="checkbox"/> Pinellas Dom SAMSHA | <input type="checkbox"/> Youth Thono        |
| <input type="checkbox"/> AGAPEE I,II,III             | <input type="checkbox"/> Family Safety (Hills)     | <input type="checkbox"/> JARF            | <input type="checkbox"/> Pinellas Dom        |   |
| <input type="checkbox"/> Assessment & Collections    | <input type="checkbox"/> Food Services             | <input type="checkbox"/> Jr. Drug Court  | <input type="checkbox"/> Polk Family Safety  |   |
| <input type="checkbox"/> CFBHN                       | <input type="checkbox"/> Ft. Laud GGH              | <input type="checkbox"/> Manatee JAC     | <input type="checkbox"/> Polk Group Home     |   |
| <input type="checkbox"/> Conditional Release Prog    | <input type="checkbox"/> General Services          | <input type="checkbox"/> Martindale      | <input type="checkbox"/> Polk Women In Home  |   |
| <input type="checkbox"/> Other/Explain:              |  |  |  |   |

Qty	Description	Unit Cost	Total \$ Amount
1	Check needed for Annual Report NOT for Profit Corporation		
	Filing Fee		60.25
	Certificate Copy fee		8.75
	Check needed - When is check needed <u>1/31/05</u> send check to who <u>LATONYA</u>		
	Emergency- Yes or No (circle one) <u>0</u> Revision-10-8-03		

Drop Ship To: \_\_\_\_\_

Total From Other Page(s):

GRAND TOTAL:

70.00

Reasons for Ordered Items:

Necessary report fee

FAX PO To: \_\_\_\_\_

Inter Office Mailed To: \_\_\_\_\_

Return To: \_\_\_\_\_

Reason: \_\_\_\_\_

Vendor ID: \_\_\_\_\_

Name: Florida Dept of State

Address: DIVISION OF CORPORATIONS ANNUAL REPORT SECTION, PO BOX 6852

City: TALLAHASSEE

State: FL

Zip Code: 32314

Phone # 850-245-6065

Authorized Signature: [Signature]

Purchase Order #: \_\_\_\_\_

### acts Administration Only

Pride 946 Followed

Minority 287 Followed

Recycled Content 403 Followed

Reason for Not Purchasing:

PRIDE -

Product Not Available

Price Higher

Other: \_\_\_\_\_

MINORITY-

Product Not Available

Price Higher

Other: \_\_\_\_\_

RECYCLEED-

Product Not Available

Price Higher

Other: \_\_\_\_\_

Date Received 1-20-05

Approved Dwan

Reviewed By \_\_\_\_\_

Route To: LATONYA

Frannie

Gloria

Maggie  other

Danell Davis