

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



99 JUN -9 PM 1:50

STATE TALLAHASSEE FLORIDA

**DOCUMENT # N98000001790**

1. Corporation Name  
**ACTIONOMCS EDUCATIONAL INSTITUTE, INC.**

Principal Place of Business Mailing Address  
 1521 DOLPHIN STREET 1521 DOLPHIN STREET  
 SARASOTA FL 34236 SARASOTA FL 34236



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	23	24	25	26
Subs, Apt. #, etc.		Subs, Apt. #, etc.		03/27/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0863868	
Country		Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLIFFORD BAKER, MONA				81 Name			
1521 DOLPHIN STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and file if applicable. NOTE: Registered Agent signature required after 03/01/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT - D	1.1 TITLE	
NAME	MONA CLIFFORD BAKER	1.2 NAME	
STREET ADDRESS	521 CEDAR HAMMOCK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34232	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT - D	2.1 TITLE	
NAME	W. B. BAKER	2.2 NAME	
STREET ADDRESS	521 CEDAR HAMMOCK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34232	2.4 CITY-ST-ZIP	
TITLE	SECRETARY	3.1 TITLE	
NAME	CAROL A. TAYLOR	3.2 NAME	
STREET ADDRESS	2115 WOODBERRY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34239	3.4 CITY-ST-ZIP	
TITLE	TREASURER	4.1 TITLE	
NAME	MARINA P. TRENEY	4.2 NAME	
STREET ADDRESS	4263 SANTO AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34241	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR - D	5.1 TITLE	
NAME	RICHARD G. SCHULMAN	5.2 NAME	
STREET ADDRESS	291 MAGNOLIA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34231	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: MONA CLIFFORD BAKER MONA CLIFFORD BAKER, P 4/20/99 (941) 955-2526

CR2007-11/98

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