

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 020 \*\*\*\*61.25

**DOCUMENT # 742610**

1. Entity Name

ACTT, INCORPORATED OF MADISON



Principal Place of Business

1796 GEORGETOWN ROAD EX.  
MADISON FL 32340

Mailing Address

P.O. BOX 576  
MADISON FL 32340

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

59-1859208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WYNN, ALMA MCKINNEY  
603 SMITH STREET  
MADISON FL 32340

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FRANKLIN, MAXINE  
CITY-ST-ZIP MOSLEY HALL ROAD  
MADISON FL

TITLE ☒ Delete  
NAME D  
STREET ADDRESS WILKINS, THEOLA  
CITY-ST-ZIP 508 SW MACON ST  
MADISON FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WOODS, JOHNNY  
CITY-ST-ZIP 843 NE ALOE AVE.  
MADISON FL 32340

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BERNICE, JOSEPH  
CITY-ST-ZIP 600 SW DADE STREET  
MADISON FL 32340

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS NICHOLSON, VALENTINE  
CITY-ST-ZIP 605 SMITH ST  
MADISON FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRANT, ESTHER  
CITY-ST-ZIP 1310 SE STEPHENS ST  
MADISON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME D  
STREET ADDRESS Shirley Joseph  
CITY-ST-ZIP 1101 S.E. Thompkins Street  
Madison, Fl. 32340

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Address  
STREET ADDRESS 1403 Mamie Scott Drive  
CITY-ST-ZIP Monticello, Fl. 32344

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 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:** *Valentine Nicholson* Valentine Nicholson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/04

Date

850-973-2177

Daytime Phone #