

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 026 ****61.25

DOCUMENT # 742610

1. Entity Name

ACTT, INCORPORATED OF MADISON



Principal Place of Business

293 SW CHRISTMAS TREE DR
MADISON FL 32340

Mailing Address

P.O. BOX 576
MADISON FL 32340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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)

123 S. W. Smith Street

City

Madison

FL

Zip Code
32340

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, 2007

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	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, MAXINE	
STREET ADDRESS	597 MARTIN L. KING JR DR	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, SHIRLEY	
STREET ADDRESS	111 THOMPkins AVE	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, JOHNNY	
STREET ADDRESS	643 NE ALICE AVE.	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNICE, JOSEPH	
STREET ADDRESS	604 SW DADE ST	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, VALENTINE	
STREET ADDRESS	135 SW SMITH ST	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, ESTHER	
STREET ADDRESS	1403 MAMIE SCOTT DR.	
CITY - ST - ZIP	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Pres. 4/9/07 (850) 973-6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #