

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742610

FILED
Mar 21, 2009
Secretary of State

Entity Name: ACTT, INCORPORATED OF MADISON

Current Principal Place of Business:

293 SW CHRISTMAS TREE DR
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 576
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-1859208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNN, ALMA MCKINNEY
123 S W SMITH ST
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANKLIN, MAXINE,
Address: 597 MARTIN L. KING JR DR
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: JOSEPH, SHIRLEY
Address: 111 THOMPSONS AVE
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: WOODS, JOHNNY
Address: 843 NE ALOE AVE.
City-St-Zip: MADISON, FL 32340

Title: TD () Delete
Name: BERNICE, JOSEPH
Address: 604 SW DADE ST
City-St-Zip: MADISON, FL 32340

Title: PD () Delete
Name: NICHOLSON, VALENTINE,
Address: 135 SW SMITH ST
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: GRANT, ESTHER,
Address: 1403 MAMIE SCOTT DR.
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALENTINE NICHOLSON

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date