

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 013 ****61.25

94061838



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-1900132 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IRWIN, DANIEL H
 ACTS, INC.
 6901 SW 18TH ST, STE 301
 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DAVIS, DONALD 375 MORRIS ROAD WEST POINT, PA 19486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCO MASHNER, MARVIN 375 MORRIS ROAD WEST POINT, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVCE GUNN, GEORGE R JR 375 MORRIS ROAD WEST POINT, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HEAPS, MARVIN D 375 MORRIS ROAD WEST POINT, PA 19486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS STAMBAUGH, STEWART J 375 MORRIS ROAD WEST POINT, PA 19486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #

215-661-8330