

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005120

FILED
May 25, 2005
Secretary of State

Entity Name: THE ACT FOUNDATION, INC.

Current Principal Place of Business:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 73-1679557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCKINNON, NOAH C ESQ.
595 WEST GRANADA BOULEVARD
SUITE A
ORMOND BEACH, FL 32174 US

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 (X) Delete
Name: GRAHAM, JOHN MR.
Address: DAYTONA INT'L SPEEDWAY P.O. BOX 2801
City-St-Zip: DAYTONA BEACH, FL 321202801

Title: D (X) Delete
Name: DOLINER, BARBARA MS.
Address: 108 SOUTH SAINT ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PRES () Delete
Name: DREGGORS, WAYNE MR.
Address: 1220 WILLIS AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: KELLY, THOMAS DR.
Address: 89 S. ATLANTIC AVENUE, # 1004
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Delete
Name: SPENCER, MARY MS.
Address: 513 RIVERVIEW BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Delete
Name: MCGRANE, THAO
Address: 93 PINE CREST AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

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
Name:
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 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 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: TOM KELLY

DR

05/25/2005

Electronic Signature of Signing Officer or Director

Date