

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2006
Secretary of State**

DOCUMENT# N02000005120

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 ()

Name and Address of Current Registered Agent:

MCKINNON, NOAH C ESQ.
595 WEST GRANADA BOULEVARD
SUITE A
ORMOND BEACH, FL 32174 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: 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MS () Change (X) Addition
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720

Title: MR. () Change (X) Addition
Name: ELDER, LESLIE
Address: PO 353527
City-St-Zip: PALM COAST, FL 32135

Title: MS () Change (X) Addition
Name: MILLER, JANET
Address: 395 S. ATLANTIC AVENUE, #608
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS KELLY

DR

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date