FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36141** **(2)**

1. Corporation Name

ACT FOUNDATION, INC.

Principal Place of Business	Mailing Address
% CHRISTINE PRESCOTT 2813 BLAIRSTONE COURT TALLAHASSEE FL 32301	% CHRISTINE PRESCOTT 2813 BLAIRSTONE COURT TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/17/1990**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2989962** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRESCOTT, CHRISTINE
2813 BLAIRSTONE COURT
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

700001532987
-07/10/95--01010--006
*****70.00 ***70.00
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Christine A. Prescott 5/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D President	☒ Change ☐ Addition
NAME	FLEMING, LOIS	1.2 NAME	Bettye Adkinson	
STREET ADDRESS	2601 LUCERNE	1.3 STREET ADDRESS	1513 Sharon Rd.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee,Fl.32303	
TITLE	PD	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BETSY, WILSON	2.2 NAME	Chris Prescott	
STREET ADDRESS	2315 VINCENT DRIVE	2.3 STREET ADDRESS	2813 BlairStone Ct.	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	tallahassee,Fl32301	
TITLE	TD	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GOWDY, EVELYN	3.2 NAME	Marie Ice	
STREET ADDRESS	RT 6, BOX 6602 NA	3.3 STREET ADDRESS	1005 Gardenia Dr	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	Tallahassee,Fl. 32312	
TITLE	D	4.1 TITLE	director	☒ Change ☐ Addition
NAME	NANCY, COKEN	4.2 NAME	Dee Overcash	
STREET ADDRESS	1910 GIBBS DRIVE	4.3 STREET ADDRESS	2816 Nepal Dr.	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE	SD	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	SAULS, JANE	5.2 NAME	Leslie Kitterman	
STREET ADDRESS	3640 HALL LANDING RD	5.3 STREET ADDRESS	969 Medieval Place	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, Fl. 32301	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine A. Prescott, Pres May 10, 1995 877-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0091911