

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESCOTT, CHRISTINE  
2813 BLAIRSTONE COURT  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (NOTE)

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS ADKINSON, BETTYE  
CITY-ST-ZIP 1513 SHARON RD  
TALLAHASSEE FL 32303

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS PRESCOTT, CHRIS  
CITY-ST-ZIP 2813 BLAIRSTONE CT  
TALLAHASSEE FL 32301

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME S  
STREET ADDRESS ICE, MARIE  
CITY-ST-ZIP 1005 GARDENIA DR  
TALLAHASSEE FL 32312

31 TITLE ☒ Change ☐ Addition  
32 NAME Betsy Wilson  
33 STREET ADDRESS 2315 Vincent Dr.  
34 CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS OVERCASH, DEE  
CITY-ST-ZIP 2816 NEPAL DR  
TALLAHASSEE FL 32303

41 TITLE ☒ Change ☐ Addition  
42 NAME Charlotte C. Lech  
43 STREET ADDRESS 1922 Dellwood Dr.  
44 CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS KITTERMAN, LESLIE  
CITY-ST-ZIP 969 MEDIEVAL PLACE  
TALLAHASSEE FL 32301

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

877-1300

Daytime Phone

CR2E037 (12/95)