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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36141

1. Corporation Name

ACT FOUNDATION, INC.

Principal Place of Business

% CHRISTINE PRESCOTT
2813 BLAIRSTONE COURT
TALLAHASSEE FL 32301

Mailing Address

% CHRISTINE PRESCOTT
2813 BLAIRSTONE COURT
TALLAHASSEE FL 32301



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/17/1990 4. FEI Number 59-2989962 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	RS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, A	1.2 NAME	Leslie Kitterman
STREET ADDRESS	4939 TILLIE LN	1.3 STREET ADDRESS	969 Medial Place
CITY-ST-ZIP	TALL FL 32310	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Helen McLaughlin <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT, CHRIS	2.2 NAME	Betty J. J. J.
STREET ADDRESS	2813 BLAIRSTONE CT	2.3 STREET ADDRESS	207 Bentley Dr
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	WILSON, BETSY <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BETSY	3.2 NAME	
STREET ADDRESS	2315 VINCENT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	MCCLLOUD, BARBARA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLLOUD, BARBARA	4.2 NAME	
STREET ADDRESS	1625 SPRINGWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	DYE, D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, D	5.2 NAME	
STREET ADDRESS	460 MERLIN CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALL FL 32301	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL THOMA	6.2 NAME	
STREET ADDRESS	3412 Valley Creek Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE S PRESCOTT

Date

Daytime Phone #

6/30/99 (850) 877-7300

CR2E037 (1/198)