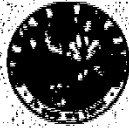


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 27 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N37717 (8)**  
1. Corporation Name  
**ASSOCIATION FOR COUPLES IN MARRIAGE ENRICHMENT (ACME) OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**11 NE 20 COURT FT. LAUDERDALE FL 33305-0096** **11 NE 20 COURT FT. LAUDERDALE FL 33305-0096**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/17/1990</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>65-0189795</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 24 Suite, Apt. #, etc. 25 City & State 26 Zip Country
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9. Name and Address of Current Registered Agent  
**WALKER, ANNE W.  
2467 GRAND TETON CIR  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
81 Name **DIANA W. CENTORINO, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Centorino & Watson P.A.**  
83 **Suite III 915 Middle River Drive**  
84 City **Ft. Lauderdale** FL 85 Zip Code **33304**

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 607.0509, Florida Statutes.  
SIGNATURE **Diana W. Centorino**, **DIANA W. CENTORINO** DATE **4/20/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV RICHTER, BETTE J 5691 SE HULL ST STUART FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV RICHTER, ROBERT W 5691 SE HULL ST. STUART FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST BARKLEY, KRISTINE 11 NE 20TH CT FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DYS BARKLEY, GEORGE H KIP 11 NE 20TH CT FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP MORGAN, HARREL 608 E RIDGEWOOD ALTAMONTE SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV MURPHY, SALLY 608 E RIDGEWOOD ALTAMONTE SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KENNETH DEAN, KENNETH G. 9720 LAKE SEMINOLE DR. G LARGO, FL</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEAN, NELLIE 9720 LAKE SEMINOLE DR. G LARGO, FL</b>

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 110.07(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 the 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: **G.H.Kip Barkley** DATE **4/20/95** PHONE **205/565-2194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR