

**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 # **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 33305-8086** **11 NE 20 COURT FT. LAUDERDALE FL 33305-8086**

3. Date Incorporated or Qualified **04/17/1990** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>65-0189795</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
<b>23</b>	<b>28</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	<b>24</b>	<b>25</b>
<b>29</b>	<b>30</b>		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DIANE W. CENTORINO, ESQ.  
CENTORINO & WATEROUS, P.A.  
SUITE 111, 915 MIDDLE RIVER DR.  
FT. LAUDERDALE FL 33304**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHTER, BETTE J</b>	1.2 NAME	<b>DV SPANOGLE, JIM</b>
STREET ADDRESS	<b>5691 SE HULL ST</b>	1.3 STREET ADDRESS	<b>4290 WOOD HAVEN DRIVE</b>
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHTER, ROBERT W</b>	2.2 NAME	<b>DV SPANOGLE, BONNIE</b>
STREET ADDRESS	<b>5691 SE HULL ST.</b>	2.3 STREET ADDRESS	<b>4290 WOOD HAVEN DRIVE</b>
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKLEY, KRISTINE</b>	3.2 NAME	
STREET ADDRESS	<b>11 NE 20TH CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DTS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKLEY, GEORGE H KIP</b>	4.2 NAME	
STREET ADDRESS	<b>11 NE 20TH CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEH, KENNETH G.</b>	5.2 NAME	
STREET ADDRESS	<b>9720 LAKE SEMINOLE DR. E</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, NELLIE</b>	6.2 NAME	
STREET ADDRESS	<b>9720 LAKE SEMINOLE SR. E</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	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)(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: *MH 76 Bonds G Kip Barkley* Date: 2/17/96 Daytime Phone #: 954/565-2194

CR2E037 (12/95)