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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33305-1086



3. Date Incorporated or Qualified 04/17/1990
3a. Date of Last Report 03/01/1996

4. FEI Number 65-0189795
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

318

81 Name

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

Suite 318

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV DELETE
NAME SPANOGLE, JIM
STREET ADDRESS 4290 WOOD HAVEN DR
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE Change Addition
1.2 NAME DP MORGAN, HARREL
1.3 STREET ADDRESS 506 E Highland ST
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701-2619

TITLE DV DELETE
NAME SPANOGLE, BONNIE
STREET ADDRESS 4290 WOO HAVEN DR
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE Change Addition
2.2 NAME DV MURPHY, SALLY
2.3 STREET ADDRESS 506 E Highland ST
2.4 CITY-ST-ZIP ALTA MONTE SPRINGS, FL 32701-2619

TITLE DST DELETE
NAME BARKLEY, KRISTINE
STREET ADDRESS 11 NE 20TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME DV GATLIN, JOANNY
3.3 STREET ADDRESS 101 WEST 2ND AVENUE
3.4 CITY-ST-ZIP WINDERMERE, FL 34786

TITLE DTS DELETE
NAME BARKLEY, GEORGE H KIP
STREET ADDRESS 11 NE 20TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE Change Addition
4.2 NAME DV GATLIN, ROGER
4.3 STREET ADDRESS 101 WEST Highland ST
4.4 CITY-ST-ZIP WIN DERMERE, FL 34 786

TITLE DP DELETE
NAME DEH, KENNETH G.
STREET ADDRESS 9720 LAKE SEMINOLE DR. E
CITY-ST-ZIP LARGO FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV DELETE
NAME DEAN, NELLIE
STREET ADDRESS 9720 LAKE SEMINOLE SR. E
CITY-ST-ZIP LARGO FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *OH JIP BARKLEY* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: *2/3/97* DATE
DAYTIME PHONE: *565-2194* DAYTIME PHONE # 0035685

CR2E037 (9/96)