

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 022 ****61.25

0025819

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37717

1. Corporation Name
ASSOCIATION FOR COUPLES IN MARRIAGE ENRICHMENT (ACME) OF FLORIDA, INC.

Principal Place of Business
 1100 SE 5TH COURT
 SUITE 24
 POMPANO BEACH FL 33060-8160

Mailing Address
 1100 SE 5TH COURT
 SUITE 24
 POMPANO BEACH FL 33060-8160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/17/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0189795	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		\$5.00 May Be Added to Fees	

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite 318		
				84	City	FL	85

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLYN, JACK			1.2 NAME			
STREET ADDRESS	42591 ORLSTAND RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLYN, ANNA BELLE			2.2 NAME			
STREET ADDRESS	4259 GRISTANO RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244			2.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKLEY, KRISTINE			3.2 NAME			
STREET ADDRESS	11 NE 20TH CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	DTS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKLEY, GEORGE H KIP			4.2 NAME			
STREET ADDRESS	11 NE 20TH CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GATLIN, JOANN			5.2 NAME	PARSONS, CHARLES		
STREET ADDRESS	101 WEST 2ND AVE.			5.3 STREET ADDRESS	2114 SOUTH VERUS		
CITY-ST-ZIP	WINDERMERE FL			5.4 CITY-ST-ZIP	Tampa, FL		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GATLIN, ROGER			6.2 NAME	PARSONS, DEBORAH		
STREET ADDRESS	101 WEST HIGHLAND ST.			6.3 STREET ADDRESS	2114 SOUTH VERUS		
CITY-ST-ZIP	WINDERMERE FL			6.4 CITY-ST-ZIP	Tampa, FL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: SUBMITTED BY REGISTERED Date: 2/7/99 Daytime Phone #: 884-788-8307

CR2E037 (11/98)