

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90091 021 ****61.25

DOCUMENT # N37717

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0189795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIANE W. CENTORINO, ESQ.
 CENTORINO & WATEROUS, P.A.
~~SUITE 818, 915 MIDDLE RIVER DRIVE~~
 FT. LAUDERDALE FL 33304**

Name

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

City

FL

Zip Code

**1230 SE 7 AVE
 FT Lauderdale FL 33316**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGER, LOIS	
STREET ADDRESS	2392 SW LONGLORD DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGER, WILLIAM	
STREET ADDRESS	2392 SW LONGWOOD DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BARKLEY, KRISTINE	
STREET ADDRESS	1100 SW S CT #24	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BARKLEY, GEORGE H KIP	
STREET ADDRESS	1100 SE S CT #24	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COOK, KEN	
STREET ADDRESS	8004 SW 92 LANE	
CITY-ST-ZIP	GAINESVILLE FL 30208	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COOK, MARTHA	
STREET ADDRESS	8004 SW 92 LANE	
CITY-ST-ZIP	GAINESVILLE FL 30208	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS WILLIAM C	
STREET ADDRESS	3365 HIDDEN HAVEN CT	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS DEBORAH H.	
STREET ADDRESS	3365 HIDDEN HAVEN CT	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George H. Kip* 2/8/02 954/784-8307

CR2E037 (9/01)