

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 # **N49809** (9)

1. Corporation Name

AMERICAN ACADEMIC CHALLENGE, INC.



Principal Place of Business

Mailing Address

187 CHEROKEE ROAD
ORMOND BEACH FL 32174
US

P. O. BOX 730129
ORMOND BEACH FL 32173-0129
US

3. Date Incorporated or Qualified **07/10/1992** 3a. Date of Last Report **04/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3151142	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTE, JAN BROOKE
~~MINER, BROOKE HARTE~~
187 CHEROKEE ROAD
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and the corporation

NAME Registered Agent and the corporation (if different)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1. TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, JAN B.H.	12. NAME	JAN BROOKE HARTE
STREET ADDRESS	187 CHEROKEE RD.	13. STREET ADDRESS	187 CHEROKEE RD.
CITY-ST-ZIP	ORMOND BEACH FL	14. CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULTING, BRENDA	22. NAME	SAME
STREET ADDRESS	500 OLD ORCHARD CIRCLE	23. STREET ADDRESS	
CITY-ST-ZIP	MILLERSVILLE MD	24. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILL, JAMES	32. NAME	SAME
STREET ADDRESS	620 S. PENNINSULA	33. STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	34. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARR, ALFRED	42. NAME	DELETE (ALFRED GARR)
STREET ADDRESS	2307 BALTIC AVE.	43. STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	JO TRAYNICK
STREET ADDRESS		53. STREET ADDRESS	502 S. BEACH ST.
CITY-ST-ZIP		54. CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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:

Jan Brooke Harte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAN BROOKE HARTE

4/12/96

904-676-9481
Daytime Phone #

CR2E037 (12/95)