

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49809** (9)

1. Corporation Name

AMERICAN ACADEMIC CHALLENGE, INC.



Principal Place of Business

**187 CHEROKEE ROAD
ORMOND BEACH FL 32174
US**

Mailing Address

**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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

(NOTE: Registered Agent signature is required when changing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE

PCEO

☐ DELETE

NAME

MINER, JAN B.H.

STREET ADDRESS

187 CHEROKEE RD.

CITY-STATE-ZIP

ORMOND BEACH FL

TITLE

D

☐ DELETE

NAME

HULTING, BRENDA

STREET ADDRESS

500 OLD ORCHARD CIRCLE

CITY-STATE-ZIP

MILLERSVILLE MD

TITLE

D

☐ DELETE

NAME

NEILL, JAMES

STREET ADDRESS

620 S. PENNISULA

CITY-STATE-ZIP

DAYTONA BEACH FL

TITLE

D

☐ DELETE

NAME

GARR, ALFRED

STREET ADDRESS

2307 BALTIC AVE.

CITY-STATE-ZIP

VIRGINIA BEACH VA

TITLE

D

☐ DELETE

NAME

GARR, ALFRED

STREET ADDRESS

2307 BALTIC AVE.

CITY-STATE-ZIP

VIRGINIA BEACH VA

TITLE

D

☐ DELETE

NAME

GARR, ALFRED

STREET ADDRESS

2307 BALTIC AVE.

CITY-STATE-ZIP

VIRGINIA BEACH VA

TITLE

D

☐ DELETE

NAME

GARR, ALFRED

STREET ADDRESS

2307 BALTIC AVE.

CITY-STATE-ZIP

VIRGINIA BEACH VA

13.

TITLE

PCEO

☒ Change ☐ Addition

12 NAME

JAN BROOKE HARTE

13 STREET ADDRESS

187 CHEROKEE RD.

14 CITY-STATE-ZIP

ORMOND BEACH, FL 32174

21 TITLE

SAME

☐ Change ☐ Addition

22 NAME

SAME

23 STREET ADDRESS

SAME

24 CITY-STATE-ZIP

SAME

31 TITLE

SAME

☐ Change ☐ Addition

32 NAME

SAME

33 STREET ADDRESS

SAME

34 CITY-STATE-ZIP

SAME

41 TITLE

DELETE (ALFRED GARR)

☒ Change ☐ Addition

42 NAME

DELETE (ALFRED GARR)

43 STREET ADDRESS

DELETE (ALFRED GARR)

44 CITY-STATE-ZIP

DELETE (ALFRED GARR)

51 TITLE

DIRECTOR

☐ Change ☒ Addition

52 NAME

JO TRAYNICK

53 STREET ADDRESS

502 S. BEACH ST.

54 CITY-STATE-ZIP

ORMOND BEACH, FL 32174

61 TITLE

DELETE (ALFRED GARR)

☐ Change ☐ Addition

62 NAME

DELETE (ALFRED GARR)

63 STREET ADDRESS

DELETE (ALFRED GARR)

64 CITY-STATE-ZIP

DELETE (ALFRED GARR)

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

4/12/96
DATE

904-676-9481
Daytime Phone #

CR2E037 (12/95)