

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1992

3a. Date of Last Report
04/19/1996

4. FEI Number

59-3151142

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 P.O. Box 730041

26 Suite, Apt. #, etc.

27 City & State

28 ORMOND BEACH, FL

29 Zip

30 32173-0041

Country

9. Name and Address of Current Registered Agent

MINER, BROOKE HARTE
187 CHEROKEE ROAD
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name JAN BROOKE HARTE GILLESPIE

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

187 CHEROKEE DR.

83

84 City ORMOND BEACH.

FL

85 Zip Code

32174

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

Jan Brooke Harte (Gillespie)

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

(NOTE: Registered Agent signature required when reinstating)

7/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME BROOKE HARTE, JAN
STREET ADDRESS 187 CHEROKEE RD
CITY-ST-ZIP ORMOND BCH FL

TITLE D ☐ DELETE

NAME HULTING, BRENDA
STREET ADDRESS 500 OLD ORCHARD CIRCLE
CITY-ST-ZIP MILLERSVILLE MD

TITLE D ☒ DELETE

NAME NEILL, JAMES
STREET ADDRESS 620 S. PENNISULA
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

NAME TRAYWICK, JO
STREET ADDRESS 502 S BEACH ST
CITY-ST-ZIP ORMOND BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

JAN/BROOKE/HARTE
SAME

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
H. OLIVER GILLESPIE
187 CHEROKEE RD
ORMOND BEACH, FL 32174

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

SIGNATURE REQUIRED

7/25/97

Out 172 74107

CP2E037 (4/97)