

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 # N94000000111 (4)

1. Corporation Name

TASK ACT, INC.



Principal Place of Business

Mailing Address

932 PARK LAKE CIRCLE
MAITLAND FL 32751
US

P O BOX 941928
MAITLAND FL 32794-1928
US

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 932 Park Lake Circle
Suite, Apt. #, etc.

26 P.O. Box 941928
Suite, Apt. #, etc.

4. FEI Number
59-3215115

Applied For
Not Applicable

22 City & State

27 City & State

23 Maitland, FL

28 Maitland, FL

24 Zip 32751

25 Country USA

29 Zip 32794

30 Country USA

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLEY, DIANA
932 PARK LAKE CR.
MAITLAND FL 32751

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

He Same

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WALLEY, DIANA
STREET ADDRESS 932 PARK LAKE CR.
CITY-ST-ZIP MAITLAND FL 32751

TITLE DVP ☐ DELETE
NAME WOOD, DON
STREET ADDRESS 8980 CHRICHTON WOODS DR
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME BARRETT, JUDITH
STREET ADDRESS 719 IRMA AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME SPANGLER, TRACEY
STREET ADDRESS 3365 MAGUIRE BLVD STE 175
CITY-ST-ZIP ORLANDO 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

11 TITLE DP ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS Same
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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:

Diana J Walley Diana J Walley

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-10-96 (407)645-2398

Date

Daytime Phone #

CR2E037 (12/95)