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Feb 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004803 (0)

1. Corporation Name

ACTS II EDUCATIONAL CORPORATION, INC.



Principal Place of Business

Mailing Address

1900 SUMMIT TOWERS BLVD.
SUITE 230
ORLANDO FL 32810
US

1900 SUMMIT TOWERS BLVD.
SUITE 230
ORLANDO FL 32808

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number 59-3429960

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWERS, CLAUD
1900 SUMMIT TOWERS BLVD.
SUITE 230
ORLANDO FL 32810

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BOWERS, CLAUD
CITY - ST - ZIP 477 PICKFORD POINT
LONGWOOD FL 32779

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
STREET ADDRESS VARNUM, JEROME
CITY - ST - ZIP 8875 E. STATE HWY. 52
WEBB AL 36376

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD
STREET ADDRESS WADDELL, GARY
CITY - ST - ZIP 823 APPLE TREE STREET
DOTHAN AL 36301

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-98

407-875-9095

CR2E037 (10/97)