

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004803

1. Entity Name
ACTS II EDUCATIONAL CORPORATION, INC.



Principal Place of Business
PICKFORD PT
LONGWOOD, FL 32779 US

Mailing Address
477 PICKFORD PT
LONGWOOD, FL 32779 US



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3429960

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
477 PICKFORD PT
LONGWOOD, FL 32779

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000184843
01/20/05 00045-016 158.75

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05 407810-8484

Date

Daytime Phone #