

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004803

1. Entity Name

ACTS II EDUCATIONAL CORPORATION, INC.



Principal Place of Business

**477 PICKFORD PT
LONGWOOD, FL 32779 US**

Mailing Address

**477 PICKFORD PT
LONGWOOD, FL 32779 US**



03202006 No Chg-NP

CR2E037 (11/05)

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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 used if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000475741
04/05/06-80028-003 70.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #