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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000082

1. Corporation Name ACTION SPEAKS Heritage Education System, Center, INC.

569662 - 90014 - 16

Principal Place of Business / Mailing Address
P. O. BOX 20407
Tallahassee, FL. 32316-0407

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 20407
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified: Jan '97

4. FEI Number: 59-3427501 DA title data — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Gloria J. Hunt Keith 905 W. 26th St. Apt 90 Lynn Haven, FL 32444	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Sec./R.A. Keith, Gloria J. Hunt P.O Box 20407/ 905 W. 26th St Apt 90 Tallahassee, FL 32316-0407 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Keith, Gloria J. Hunt 905 W. 26th ST. Apt 90 Lynn Haven, FL 32444 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tanya M. Keith Smith 918 E. 7th CT. Panama City, FL 32401 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR Tanya M. Keith Smith (same) 918 E. 7th CT. P.C. FL 32401 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Miriam V. Keith 1819 W. Pensacola ST. Apt. A-5 Tallahassee, FL 32304 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR MIRIAM V. Keith 1819 W. Pensacola ST. Apt A-5 Tall. FL 32304 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Arthur J. Keith, JR. 918 E. 7th Ct. P. C. FL 32401 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Effie D. Hunt 918 E 7th Ct Panama City, FL 32401 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rose M. Butler 308 W. 26th ST. Lynn Haven, FL 32444 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Brian McQueen (Min) 606 Fulton ST. Apt 83 Tallahassee, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bonita Butler 308 W. 26th ST. Lynn Haven, FL 32444 ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Peter Lawson (Min) 606 Fulton St. Apt 83 Tallahassee, FL 32303 ☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Gloria J. Hunt Keith — 4-26-99 — 850-763-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #