

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #1097000000082

1. Entity Name

*Action Speaks Heritage Education System Center, Inc.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL-3 PM 12:04

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*918 E. 7th Ct*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 20407*

Suite, Apt. #, etc.

City & State

*Panama City, FL.*

City & State

*Tallahassee, FL.*

4. FEI Number

*59.342.7501*

Applied For

Not Applicable

Zip

*32401*

Zip

*32316*

Country

*Leon*

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Gloria J. Hunt Keith*

Street Address (P.O. Box Number is Not Acceptable)

*918 E. 7th Court*

*Panama City*

City

FL

Zip Code *32401*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(PSD) Gloria J. Keith 918 E. 7th Ct. Panama City, FL 32401</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700006532497--5 -07/19/02-01058-005 *****70.00 *****70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Keith, TANYA M. (D) 918 E. 7th Ct. Panama City, FL 32401</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(D) KEITH, MIRIAM V. #A-5 1919 W. Pensacola ST. Tallahassee, FL 32304</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(D) Hunt, Effie D. 918 E. 7th Ct. Panama City, FL 32401</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Keith, ARTHUR, JR. (D) P.O. BOX 20407 32316 Tallahassee, FL 32316</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Keith, Kaynecia (D) 1819 W. Pensacola ST. #A5 Tallahassee, FL 32304</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria J. Hunt Keith*

07-03-02 850.769.3745

CR2E037B (12/01)