

SECTION NOTICE: GOVERNMENT FILING FEE COLLECTED FOR AFTER 5:00 P.M. PERIOD 1
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

0001846

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



FILED
 98 NOV 30 PM 12:19

DOCUMENT # N97000002651 (4)
 1. Corporation Name
AMERICA'S PRIDE OF ALACHUA/COLUMBIA TEAM (ACT), INC.



Principal Place of Business Mailing Address

25 NORTHWEST 4TH AVENUE POST OFFICE BOX 480
 HIGH SPRINGS FL 32655-0480 HIGH SPRINGS FL 32655-0480

3. Date Incorporated or Qualified
05/12/1997

4. FEI Number Applied For
59-3429593 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Route 3 Box 3470** 26 **SAME AS ABOVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Ft White, FLORIDA** 28

Zip Country Zip Country

24 **32038** 25 **U.S.** 29 30

9. Name and Address of Current Registered Agent

BROWN, NEOMIA
ROUTE 3 BOX 3470
FORT WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name **Neomia Brown**

82 Street Address (P.O. Box Number is Not Acceptable)
RT. 3, BOX 3470

83

84 City **Fort White** FL 85 Zip Code
32038

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

TITLE	Neomia Brown, Director <input type="checkbox"/> DELETE
NAME	Neomia Brown, President
STREET ADDRESS	Route 3, Box 3470
CITY-ST-ZIP	Fort White, FLORIDA 32038 (D)
TITLE	Toni Griffin, Vice President <input type="checkbox"/> DELETE
NAME	Toni Griffin
STREET ADDRESS	P.O. BOX 238 25 NORTHWEST 4TH AVE (D) N/A
CITY-ST-ZIP	Fort White, FL 32038
TITLE	Theidra Harris, Secretary <input type="checkbox"/> DELETE
NAME	Theidra Harris
STREET ADDRESS	P.O. BOX 480 25 NORTHWEST 4TH AVE (D)
CITY-ST-ZIP	High Springs, FL 32643
TITLE	Vertene Griffin, Treasurer <input type="checkbox"/> DELETE
NAME	Vertene Griffin
STREET ADDRESS	P.O. BOX 238 25 NORTHWEST 4TH AVE (D) N/A
CITY-ST-ZIP	Fort White, FL 32038
TITLE	LaShandra Fraizer, Assist. Sec. <input checked="" type="checkbox"/> DELETE
NAME	LaShandra Fraizer
STREET ADDRESS	P.O. BOX 480 25 NW 4TH AVE
CITY-ST-ZIP	Fort White, FL
TITLE	Cassandra Davis, Member <input checked="" type="checkbox"/> DELETE
NAME	Cassandra Davis
STREET ADDRESS	P.O. BOX 480 25 NW 4TH AVE
CITY-ST-ZIP	High Springs, FL 32643

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002702059--4
1.3 STREET ADDRESS	-12/03/98-01082-011
1.4 CITY-ST-ZIP	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Neomia Brown **REQUIRED** 9/21/98 (352) 334-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)