

SECTION 12 NOTICE: CORPORATION MUST FILE ANNUAL REPORT AFTER 31 DECEMBER 31, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002651 (4)

1. Corporation Name

AMERICA'S PRIDE OF ALACHUA/COLUMBIA TEAM (ACT),
INC.

Principal Place of Business

25 NORTHWEST 4TH AVENUE
HIGH SPRINGS FL 32655-0480

Mailing Address

POST OFFICE BOX 480
HIGH SPRINGS FL 32655-0480

2. Principal Place of Business

21 Route 3 Box 3470

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft White, FLORIDA

City & State

28

Zip

24 32038

Country

25 U.S.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BROWN, NEOMIA
ROUTE 3 BOX 3470
FORT WHITE FL 32038

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

59-3429593

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Neomia Brown, Director ☐ DELETE
Route 3, Box 3470
Fort White, FLORIDA 32038

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Toni Griffin, Vice President ☐ DELETE
P.O. Box 238 25 Northwest 4th Ave
Fort White, FL 32038

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Theidra Harris, Secretary ☐ DELETE
P.O. Box 480 25 Northwest 4th Ave
High Springs, FL 32643

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vertene Griffin, Treasurer ☐ DELETE
P.O. Box 238 25 Northwest 4th Ave
Fort White, FL 32038

TITLE NAME STREET ADDRESS CITY-ST-ZIP
LaShandra Fraizer, Assist. Sec. ☐ DELETE
P.O. Box 480 25 NW 4th Ave
Fort White, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Cassandra Davis, Member ☐ DELETE
P.O. Box 480 25 NW 4th Ave
High Springs, FL 32643

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800002702059-4
-12/03/98-01082-011
*****61.25 *****61.25

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/21/98 (352) 334-5015

CR2E037 (5/98)

0001846

FILED

98 NOV 30 PM 12:19

