

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 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 # N97000005030 (8)

1. Corporation Name

ACTS FELLOWSHIP OF OCOEE, FLORIDA, INC.

Principal Place of Business

Mailing Address

710 KELLY'S COVE  
OCOEE FL 34761

710 KELLY'S COVE  
OCOEE FL 34761

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 1201

27 Suite, Apt. #, etc.

28 OCOEE, FLORIDA

29 34761 30

9. Name and Address of Current Registered Agent

JONES, WILLIAM M  
170 KELLY'S COVE  
OCOEE FL 34761

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3459227

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

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

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 ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME ELDER  
A.C. MCCANN JR.  
1.3 STREET ADDRESS 7211 BLAIR DRIVE  
1.4 CITY-ST-ZIP ORLANDO, FL 32818

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME ELDER  
DON VINCENT  
2.3 STREET ADDRESS 1608 HINGALEY ROAD  
2.4 CITY-ST-ZIP ORLANDO, FL 32818

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME ELDER  
OSCAR HERRERA  
3.3 STREET ADDRESS 2941 AUTUMN RUN COURT  
3.4 CITY-ST-ZIP ORLANDO, FL 32822

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/98 407-299-7013

CR2E037 (5/98)

FILED  
Sep 03 1998 8:00am  
Secretary of State

