

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000005030**

1. Entity Name

**ACTS FELLOWSHIP OF OCOEE, FLORIDA, INC.**

Principal Place of Business

**710 KELLY'S COVE  
OCOEE FL 34761**

Mailing Address

**PO BOX 1201  
OCOEE FL 34761  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3459227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****JONES, WILLIAM M  
710 KELLY'S COVE  
OCOEE FL 34761**

Name

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

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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

**FILE NOW: FEE IS \$61.25**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 ☐ Delete  
NAME **MCCANN, A.C JR**  
STREET ADDRESS **7211 BLAIR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**TITLE ☐ Delete  
NAME **VINCENT, DON**  
STREET ADDRESS **1609 HINCKLEY RD**  
CITY-ST-ZIP **ORLANDO FL 32818**TITLE ☐ Delete  
NAME **RUTHERFORD, MIKE**  
STREET ADDRESS **6113 LAURELWOOD CT**  
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/02**  
Date**407-299-6027**  
Daytime Phone #**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90234 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)