


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N97000005030</b><br>1. Entity Name<br><b>ACTS FELLOWSHIP OF OCOEE, FLORIDA, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>710 KELLY'S COVE<br/>OCOEE FL 34761</b>   |  |   | Mailing Address<br><b>PO BOX 1201<br/>OCOEE FL 34761<br/>US</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>59-3459227</b>  |  |
| Zip   | Country  | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fees Required                             |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>JONES, WILLIAM M<br/>710 KELLY'S COVE<br/>OCOEE FL 34761</b>   |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code       </span> |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |   |  |
| TITLE   | MCCANN, A.C JR <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | 7211 BLAIR DRIVE                               |   | NAME  |   |  |
| STREET ADDRESS  | ORLANDO FL 32818                               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | VINCENT, DON <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | 4040 GREYSTONE DRIVE                           |   | NAME  |   |  |
| STREET ADDRESS  | CLERMONT FL 34711                              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | T <input type="checkbox"/> Delete              |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | RUTHERFORD, MIKE                               |   | NAME  |   |  |
| STREET ADDRESS  | 6113 LAURELWOOD CT                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ORLANDO FL 32808                               |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Donald L. Vincent</i> <b>DONALD L. VINCENT</b> 2/3/04 352-343-4892   |  |   |   |   |  |



MOORE CR2E037 (11/03)

Applied For  
Not Applicable

Additional  
Fees Required

**FL** Zip Code

U00000032797  
02/05/04-80016-025 61.25

☐ Change ☐ Addition

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Debit Phone #