


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005030</b>	
1. Entity Name <b>ACTS FELLOWSHIP OF OCOEE, FLORIDA, INC.</b>	

Principal Place of Business <input type="checkbox"/>	Mailing Address
<b>710 KELLY'S COVE OCOEE, FL 34761</b>	<b>PO BOX 1201 OCOEE, FL 34761 US</b>

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3459227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, WILLIAM M  
710 KELLY'S COVE  
OCOEE, FL 34761**

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IN THIS SPACE

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) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MCCANN, A.C JR 7211 BLAIR DRIVE ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T VINCENT, DON 4040 GREYSTONE DRIVE CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T RUTHERFORD, MIKE 6113 LAURELWOOD CT ORLANDO, FL 32808</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/05-80032-005 61.25

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:** *Donald L. Vincent* **1-10-05** **407-719-3253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #