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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006433**

1. Corporation Name
AMERICAN COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1964 HOWELL BRANCH ROAD #106 WINTER PARK FL 32792	1964 HOWELL BRANCH ROAD #106 WINTER PARK FL 32792

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/10/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR 59-3488797 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEBASTIAN, HELEN M 1964 HOWELL BRANCH ROAD SUITE 106 WINTER PARK FL 32792	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SEBASTIAN, HELEN M		1.2 NAME		
STREET ADDRESS	1964 HOWELL BRANCH ROAD #106		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	BOSS, DIANE		2.2 NAME	W. JOHN RIDDLE	
STREET ADDRESS	1964 HOWELL BRANCH ROAD #106		2.3 STREET ADDRESS	1964 HOWELL BRANCH RD, #106	
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	ARES, JOSEPH		3.2 NAME	KATHERINE B. MASSA	
STREET ADDRESS	3408 EUBANKS AVENUE		3.3 STREET ADDRESS	1964 HOWELL BRANCH RD, #106	
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED HELEN M. SEBASTIAN 2/2/99 407/673-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #