NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000004124

1. Corporation Name

ACG TEAM PARENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

11114 HEARTWOOD PLACE WELLINGTON FL 33414 11114 HEARTWOOD PLACE WELLINGTON FL 33414

FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90234 016 ****61.25

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2. Principal Pl	ace of Business	\vdash	2a. Mailing Address				07/16/	orporated or Qualited	1		
21		26				<u>-</u>	4. FEI Nun				Applied For
Suite, Apt.	#, etc.	└	Suite, Apt. #, etc.			3. ma		085005	.	}_	Not Applicab
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City & State	9	28	City & State				5. Certifcat	e of Status Desired		*	e Required
23 Zip	Country		Zip	Country	·		6. Election	Campaign Financing		\$5.	00 May Be
24 25 29 30				0			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current						10. Name a	nd Address of New	Registe	red Agent	
				81	Nam	ie					
GOODMAI	AL-SZIKA		•	82	Stro	ot Addres	ee /P O Boy I	Number is Not Accep	table)		
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14202 71ST PLACE NORTH					<u> </u>	-					-
, LOXAHATCHEE FL 33470										100	Zip Code
				84	City					FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 61	7 1508 Florida Statutes	the abov	e-name	ed corpor	ration submits	this statement for th	e ournos	e of changin	g its registered
office or r	enistered enent or both in the State Of	Florida	a. Such change was auti	nonzea ov	tne co	rporation	n's board of di	rectors. I hereby acc	ept the a	ppointment a	s registered
agent. I a	m familiar with, and accept the obligation	ns of,	Section 617.0503, Florid	ia Statutes	i.						•
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	annicable (NOTE: D	egistered Ana	nt sionahi	re required s	when reinstating)		DATI	E .	
12.	OFFICERS AND			13.				NS/CHANGES TO C	FFICERS	S AND DIRE	CTORS IN 12
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NAME	MARTIN, VICKI			3.2 NAME							
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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

ICK MONE ATURE CREGARDER

1-4-98

541-793-321.9

Daytime Phone #