

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # N98000004124

1. Corporation Name

ACG TEAM PARENT ORGANIZATION, INC.

Principal Place of Business
11114 HEARTWOOD PLACE
WELLINGTON FL 33414

Mailing Address
11114 HEARTWOOD PLACE
WELLINGTON FL 33414



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0850054

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, KIM
14202 71ST PLACE NORTH
LOXAHATCHEE FL 33470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GOODMAN, KIM
STREET ADDRESS 14202 71ST PLACE NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME AREADIPANE, CHARLENE
STREET ADDRESS 1080 HUNTLEY WAY
CITY-ST-ZIP WELLINGTON FL 33414

2.1 TITLE ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME MARTIN, VICKI
STREET ADDRESS 11114 HEARTWOOD PLACE
CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE: VICKI MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-98

561-793-3219

Date

Daytime Phone #

CR2E037 (1/198)