FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SEP 1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000012 (5)

1. Corporation Name
ACTION MINISTRIES PLUS, INC.

Principal Place of Business	Mailing Address
1415 LA SALLE STREET JACKSONVILLE FL 32207-3113	1415 LA SALLE STREET JACKSONVILLE FL 32207-3113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6045472	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 226 N. Laura St.	26 226 N. Laura St.
Suite, Apt. #, etc. 22 ~~Jacksonville FL~~	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32202 Country 25 Duval	Zip 29 32202 Country 30 Duval

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIDDLE, BARBARA W 1415 LA SALLE STREET JACKSONVILLE FL 32207-3113	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	T	☐ Change ☒ Addition
NAME	HOLLOWAY, CLARICE	12 NAME	Bob Seymour	
STREET ADDRESS	10202 MELANIE AVE	13 STREET ADDRESS	177 Greenwood Lane,	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Middleburg FL 32068	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	GARVIN, NEO	22 NAME	Pat Turner-Sharpton	
STREET ADDRESS	6050 GLEN ROSE DRIVE	23 STREET ADDRESS	16 College Dr	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Orange Park, FL 32065	
TITLE	P	31 TITLE	P	☐ Change ☐ Addition
NAME	CORNWELL, RICK L	32 NAME	Bob Beckham	
STREET ADDRESS	6007 BEACH BLVD.	33 STREET ADDRESS	3131 Independent Square	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, FL 32207	
TITLE	D	41 TITLE	VP	☐ Change ☒ Addition
NAME	COVEY, RICHARD	42 NAME	Charles Herron	
STREET ADDRESS	2014 LANDWOOD STREET	43 STREET ADDRESS	795 Ontario St.	
CITY ST ZIP	JACKSONVILLE FL 32211	44 CITY ST ZIP	Jacksonville, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BECKHAM, ROBERT	52 NAME	Nancy Field	
STREET ADDRESS	4638 CORRIENTAS CIRCLE, NORTH	53 STREET ADDRESS	1292 Laramie Ct.	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	Orange Park, FL 32065	
TITLE	S	61 TITLE	S	☐ Change ☒ Addition
NAME	FIELD, NANCY	62 NAME	Bill Fackler	
STREET ADDRESS	1292 LARAMIE COURT	63 STREET ADDRESS	3809 Timuquana Rd	
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	Jacksonville, FL 32210	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Linda C. Standifer 4-26-95 (904) 356-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda C. Standifer (Executive Director)

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