## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

**SIGNATURE:** 

N9300000012 (5)

**ACTION MINISTRIES PLUS, INC.** 

## FILED Mar 06 1998 8:00am Secretary of State

7.07.01	THE TRACE TO STATE THE					
Principal Place	e of Business	Mailing Address				
226 N. LAURA STREET JACKSONVILLE FL 32202 US		226 N LAURA STREET JACKSONVILLE FL 32202 US			3. Date Incorporated or Qualified  12/23/1992 4. FEI Number Applied For	
					59-6045472 Not Applicable	
	lace of Business	2e. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Curre	nt Registered Agent		641 61	10. Name and Address of New Registered Agent	
	·DFA4			81 Name	)	
HILL, TERESA 1415 LA SALLE ST				82 Street	t Address (P.O. Box Number is Not Acceptable)	
	NVILLE FL 32207-3113		ŀ	63		
0,10,100				84 City	88 Zip Code	
				- 1	<b>FL</b>   `	
11. Pursuant to office or reagent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	)2 and 617.1508, Florida Statu 3 of Florida. Such change was yations of, Section 617.0503, F	utes, the ab s authorized Florida <b>A</b> tati	ove-named by the cor ites.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	X. Teresa Ni	il .	ente		2/26/97	
12.	Signature, typed or printed name of registered ag	ont and little if applicable (NO ID DIRECTORS	TE: Registered	Agent signatur	re required when : :: "atting) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1	☐ DELETE	1.1 TiT	LE	Change Addition	
NAME	PEAVY, JOHN		1.2 NA	ME		
STREET ADDRESS	5103 DAMASCUS RD		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL D	DELETE	1.4 CIT 2.1 T/F	Y-ST-ZIP	Change Additio	
TITLE NAME	CORNWELL, RICK	ب مدرداد	2.1 III 2.2 NA		C orange C results	
STREET ADDRESS	6007 BCH BLVD			reet address	يس ورب	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 Cf	TY-ST-ZIP		
TITLE	D	DELETE	3.1 TIT	LE	Charles Tucker D Change Maddillo Charles Tucker 1942 Timacau Trail	
NAME	BECKHAM, BOB		3.2 NA		Charles Tucker Trail	
STREET ADDRESS	50 N LAURA ST JACKSONVILLE FL			REET ADDRESS	middleburg, FL 32068	
CITY-ST-ZIP TITLE	P	DELETE	4.1 TIT	IY-ST-ZIP Le	Change Addition	
NAME	GODWIN, HELEN	<del></del>	4.2 NA			
STREET ADDRESS	1126 BROOKWOOD RD		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CIT	Y-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TIT		[_] Change [_] Additlo	
NAME	FUNCHES, PENNIE		5.2 NA			
STREET ADDRESS	2948 FITEGERALD ST. JACKSONVILLE FL			REET ADDRESS		
CITY-ST-ZIP TITLE	S S	☐ DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP	☐ Change ☐ Additio	
NAME	FACKLER, BILL		6.2 NA			
STREET ADDRESS	3809 TIMUQUANA ROAD			REET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CIT	Y-ST-ZIP		
officer or	certify that the information supplied w on this annual report or supplement director of the corporation or the rec or Block 13 if changed, or on an atte	eiver or trustee empowered to	for the exe ccurate and c execute the	mption stat that my sinis report a	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in	

expense (Undal. Standifer Exec. Dr.) 2-17-98