

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:10

DOCUMENT # **N94000003002 (2)**

1. Corporation Name
ACTION MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 717 FT MEADE FL 33841 P O BOX 717 FT MEADE FL 33841

3. Date Incorporated or Qualified **06/17/1994** 3a. Date of Last Report
4. FEI Number **59-3249313** 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 26
22 3824 Hwy 60 East Suite, Apt. #, etc. 27
City & State City & State
23 Bartow, FL 33830 28
Zip 33830 Country Polk 29
24 30

9. Name and Address of Current Registered Agent
**CAMP, ANDRE
118 SE 8TH ST
FT MEADE FL 33841**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CAMP, ANDRE
STREET ADDRESS	P O BOX 242 N/A
CITY - ST - ZIP	FT MEADE FL 33841
TITLE	D
NAME	WILLIAMS, CALVIN
STREET ADDRESS	409 3RD ST SW
CITY - ST - ZIP	FT MEADE FL 33841
TITLE	D
NAME	HAYGOOD, RICHARD
STREET ADDRESS	1220 N HWY 17
CITY - ST - ZIP	FT MEADE FL 33841
TITLE	D
NAME	CAMP, ANDREW SR
STREET ADDRESS	118 SE 8TH ST
CITY - ST - ZIP	FT MEADE FL 33841
TITLE	D
NAME	WHITE, PHILLIP
STREET ADDRESS	1222 HWY 17 N
CITY - ST - ZIP	FT MEADE FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL PALMER
1.3 STREET ADDRESS	1115 GOLF VIEW
1.4 CITY - ST - ZIP	BARTOW, FL 33830
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH BENNETT
2.3 STREET ADDRESS	4103 S. APRIL ST
2.4 CITY - ST - ZIP	LAKELAND, FL 33813
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CUPID RADFORD, JR.
3.3 STREET ADDRESS	1350 POLSTON RD.
3.4 CITY - ST - ZIP	WINTER HAVEN, FL 33880
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED MAY 1

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 110.07(3)(k), 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: Andre Camp, ANDRE CAMP 4/19/95 (813)534-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #