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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000003002 (2)

1. Corporation Name
ACTION MINISTRIES, INC.



Principal Place of Business: 3824 HWY 60 EAST, BARTOW FL 33830, US
Mailing Address: P O BOX 717, FT MEADE FL 33841-0717

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-29)
City & State (22, 27)
Suite, Apt. #, etc. (21, 26)
Zip (24, 29)
Country (25, 30)

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (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: D
NAME: PALMER, PAUL
STREET ADDRESS: 1115 GOLF VIEW
CITY-ST-ZIP: BARTOW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 C. Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/20/97
Daytime Phone #: (941)534-1800

CR2E037 (9/96)