


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003002 (2)**  
1. Corporation Name  
**ACTION MINISTRIES, INC.**



Principal Place of Business <b>3824 HWY 80 EAST BARTOW FL 33830 US</b>	Mailing Address <b>P O BOX 717 FT MEADE FL 33841</b>
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3. Date Incorporated or Qualified <b>06/17/1994</b>	
4. FEI Number <b>59-3249313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**CAMP, ANDRE**  
**118 SE 8TH ST**  
**FT MEADE FL 33841**

*CHANGE OF ADDRESS*

10. Name and Address of New Registered Agent

81 Name <b>CAMP, ANDRE</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3824 STATE ROAD 60 EAST</b>	
83	
84 City <b>BARTOW</b>	85 Zip Code <b>FL 33830</b>

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMP, ANDRE</b>	
STREET ADDRESS	<b>P O BOX 242 N/A</b>	
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, CALVIN</b>	
STREET ADDRESS	<b>400 3RD ST SW</b>	
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYGOOD, RICHARD</b>	
STREET ADDRESS	<b>1220 N HWY 17</b>	
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMP, ANDREW SR</b>	
STREET ADDRESS	<b>118 SE 8TH ST</b>	
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, PHILLIP</b>	
STREET ADDRESS	<b>1222 HWY 17 N</b>	
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PALMER, PAUL</b>	
STREET ADDRESS	<b>1115 GOLF VIEW</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLIPID RADFORD, JR.</b>	
1.3 STREET ADDRESS	<b>1345 E. STUART ST.</b>	
1.4 CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
2.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MARLON AUSTIN</b>	
2.3 STREET ADDRESS	<b>1050 TEE CIRCLE W</b>	
2.4 CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>QUENTIN DAWSON</b>	
3.3 STREET ADDRESS	<b>6305 SWEETWATER DR. E.</b>	
3.4 CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
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		

14. I hereby certify that the information supplied with this filing 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: *Andre C. Camp* **2/11/98** (941)534-1800

CR2E037 (1097)