

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

08-20-1999 90003 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003002  
 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

608300-90003-43



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1994
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number- 59-3249313
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
 CAMP, ANDRE  
 2836 SR 60 E  
 BARTOW FL 33830

10. Name and Address of New Registered Agent  
 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADFORD, CUPID JR	1.2 NAME	
STREET ADDRESS	1345 E STUART ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, MARLON	2.2 NAME	
STREET ADDRESS	1050 TEE CIR W	2.3 STREET ADDRESS	3557 Rosslare Lane
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	Lakeland, Florida 33803-5214
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, QUENTIN	3.2 NAME	
STREET ADDRESS	6305 SWEETWATER DR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, ANDREW SR	4.2 NAME	
STREET ADDRESS	118 SE 8TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL 33841	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, PHILLIP	5.2 NAME	
STREET ADDRESS	1222 HWY 17 N	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL 33841	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, PAUL	6.2 NAME	
STREET ADDRESS	1115 GOLF VIEW	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	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, with all other like empowered.

SIGNATURE: Andrew Palmer SIGNATURE REQUIRED 8/15/99 (941) 534-1800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

\* This name was left off the Officers and Directors List.

D

Calvin Williams  
409 3rd STREET S.W.

Fort Meade, Florida 33841

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