

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003002

1. Entity Name

ACTION MINISTRIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90077 008 ****70.00

Principal Place of Business 3824 HWY 60 EAST BARTOW FL 33830 US	Mailing Address P O BOX 717 FT MEADE FL 33841-0717
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 3824 Hwy 60 EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BARTOW, FL
Zip	Zip 33830
Country	Country US

4. FEI Number 59-3249313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMP, ANDRE
 2836 SR 60 E
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name
ANDRE C. CAMP

Street Address (P.O. Box Number is Not Acceptable)
2836 SR 60 E

City
BARTOW FL Zip Code
33830

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Andre C. Camp, ANDRE C. CAMP
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE D	NAME RADFORD, CUPID JR	STREET ADDRESS 1345 E STUART ST	CITY-ST-ZIP BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE D	NAME AUSTIN, MARLON	STREET ADDRESS 3557 ROSSLARE LANE	CITY-ST-ZIP LAKELAND FL 33803-5214	<input type="checkbox"/> Delete
TITLE D	NAME DAWSON, QUENTIN	STREET ADDRESS 6305 SWEETWATER DR E	CITY-ST-ZIP LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE D	NAME CAMP, ANDREW SR	STREET ADDRESS 118 SE 8TH ST	CITY-ST-ZIP FT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE D	NAME WHITE, PHILLIP	STREET ADDRESS 1222 HWY 17 N	CITY-ST-ZIP FT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE D	NAME PALMER, PAUL	STREET ADDRESS 1115 GOLF VIEW	CITY-ST-ZIP BARTOW FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR	NAME CAMP, ANDREW SR	STREET ADDRESS 409 3rd St. S.W.	CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 02.14.00 DAYTIME PHONE #: (863) 534-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)