

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0096987

**DOCUMENT # N94000003002**

1. Entity Name

**ACTION MINISTRIES, INC.**

04-02-2002 90900 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3824 HWY 60 EAST  
 BARTOW FL 33830  
 US**

**3824 HWY 60 EAST  
 BARTOW FL 33830  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3249313**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMP, ANDRE  
 3826 SR 60 EAST  
 BARTOW FL 33830**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RADFORD, CUPID JR</b>	
STREET ADDRESS	<b>1345 E STUART ST</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AUSTIN, MARLON</b>	
STREET ADDRESS	<b>3557 ROSSLARE LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803-5214</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, QUENTIN</b>	
STREET ADDRESS	<b>6305 SWEETWATER DR E</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</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>WILLIAMS, CALVIN</b>	
STREET ADDRESS	<b>409 3RD ST. S.W.</b>	
CITY-ST-ZIP	<b>FORT MEADE FL 33830</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>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMP, ANDRE</b>	
STREET ADDRESS	<b>3826 SR 60 EAST</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON, QUENTIN</b>	
STREET ADDRESS	<b>3055-BILLIAN-PASS</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, CALVIN</b>	
STREET ADDRESS	<b>409 3RD ST. S.W</b>	
CITY-ST-ZIP	<b>FORT MEADE, FL 33841</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, PAUL</b>	
STREET ADDRESS	<b>1115 GOLFVIEW</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Andre Camp*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/27/02**  
 Date

**(863)534-1800**  
 Daytime Phone #

CFR2037 (9/01)