

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N94000003002

Entity Name: ACTION MINISTRIES, INC.

Current Principal Place of Business:

3824 HWY 60 EAST
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

3824 HWY 60 EAST
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3249313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUSTIN, MARLON
Address: 3557 ROSSLARE LANE
City-St-Zip: LAKELAND, FL 338035214

Title: P () Delete
Name: CAMP, ANDRE
Address: 3826 STATE ROAD 60 EAST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: CAMP, ANDREW SR
Address: 118 SE 8TH ST
City-St-Zip: FT MEADE, FL 33841

Title: D () Delete
Name: WILLIAMS, CALVIN
Address: 409 3RD ST. S.W.
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: PALMER, PAUL
Address: 1115 GOLF VIEW
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE CAMP

_____ Electronic Signature of Signing Officer or Director

PAST

03/08/2006

_____ Date