

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2009  
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  
869 WANAMAKER AVENUE  
FORT MEADE, FL 33841 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: 869 WANAMAKER AVENUE  
City-St-Zip: FORT MEADE, FL 33841

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 (X) Delete  
Name: PALMER, PAUL  
Address: 1575 NORTH TATE AVENUE  
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 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: MARLON R. AUSTIN

D

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date