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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

482679 - 90158 - 42

DOCUMENT # **N95000001307**

1. Corporation Name
ACTS MINISTRIES, INC.

Principal Place of Business	Mailing Address
117 W. ALEXANDER ST. #322 PLANT CITY FL 33566	117 W. ALEXANDER ST. #322 PLANT CITY FL 33566

2. Principal Place of Business 21 3150 DUNDEE Rd Suite, Apt. #, etc. 22 City & State 23 Winter Haven, FL Zip 24 33882 Country 25 USA	2a. Mailing Address 26 P.O. Box 1758 Suite, Apt. #, etc. 27 City & State 28 Winter Haven, Fl Zip 29 33882 Country 30 USA	3. Date Incorporated or Qualifed 03/20/1995 4. FEI Number 59-3303480 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GAY, ALONZO T SR.
117 W. ALEXANDER ST.
#322
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2205 BERRY Rd
83
84 City Plant City FL 85 Zip Code 33567

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAY, ALONZO T 117 W. ALEXANDER ST. PLANT CITY FL 33566	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Gay, ALONZO T. SR. 2205 BERRY Rd PLANT City, Fl 33567	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMS, CECIL E 3223 VINSON AVE. SARASOTA FL 34232	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD GAY, ALONZO T. JR. 2205 Berry Rd PLANT City, Fl 33567	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GAY, MARILYN C 117 W. ALEXANDER ST. PLANT CITY FL 33566	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD GAY, MARILYN C. 2205 Berry Rd PLANT City Fl 33567	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TR MAGGARD, CATHERINE 2958 Masterpiece Rd LAKE Wales Fl 33853	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Sims, CECIL E 3223 Vinson AVE SARASOTA, FL 34232	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: [signature] **REQUIRED** 4-28-99 (941) 318-8941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #