

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001307

1. Entity Name

ACTS MINISTRIES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90122 034 ****70.00

Principal Place of Business

3150 DUNDEE RD
WINTER HAVEN FL 33882

Mailing Address

PO BOX 1758
WINTER HAVEN FL 33882

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3303480

Applied For

Not Applicable

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

GAY, ALONZO T SR.
2205 BERRY RD
PLANT CITY FL 33567

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 PD
NAME GAY, ALONZO T
STREET ADDRESS 2205 BERRY RD
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GAY, ALONZO JR
STREET ADDRESS 2205 BERRY RD
CITY-ST-ZIP PLANT CITY FL 33567 ☒ Delete

TITLE VD
NAME GAY, ALONZO JR
STREET ADDRESS 1836 N. CRYSTAL LAKE DR. #71
CITY-ST-ZIP LAKELAND FL 33801 ☒ Change ☐ Addition

TITLE STD
NAME GAY, MARILYN C
STREET ADDRESS 2205 BERRY RD
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR
NAME MAGGARD, CHTHERINE
STREET ADDRESS 2958 MASTERPIECE RD
CITY-ST-ZIP LK WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SIMS, CECIL E
STREET ADDRESS 3223 VINSON AVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MORRISON, TOM
STREET ADDRESS 410 MCKENNEY ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☒ Delete

TITLE D
NAME MORRISON, TOM
STREET ADDRESS 28 Hidden Harbor Ln
CITY-ST-ZIP Destin FL 32550 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALONZO T. GAY, SR. 4/27/01 (863) 318-8941

Date

Daytime Phone #

CR2E037 (10/00)