

# ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90006 028 \*\*\*\*70.00

**DOCUMENT # N95000001307**

**1. Entity Name**  
**ACTS MINISTRIES, INC.**



**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

03112003

Chg-NP

CR2E037 (10/03)

**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**

**GAY, ALONZO T SR.**  
**3150 DUNDEE ROAD**  
**WINTER HAVEN, FL 33884**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept, the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** D ☐ Delete  
**NAME** SEXTON, JOHN W  
**STREET ADDRESS** 2015 AMESBURY DRIVE  
**CITY-ST-ZIP** AUBURNDAL, FL 33823

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

**TITLE** PD ☐ Delete  
**NAME** GAY, ALONZO T SR  
**STREET ADDRESS** 3150 DUNDEE ROAD  
**CITY-ST-ZIP** WINTER HAVEN, FL 33884

**TITLE** TR ☐ Delete  
**NAME** MAGGARD, CATHERINE  
**STREET ADDRESS** 2958 MASTERPIECE RD  
**CITY-ST-ZIP** LK WHALES, FL 33853

**TITLE** D ☐ Delete  
**NAME** MORRISON, TOM  
**STREET ADDRESS** 28 HIDDEN HAVOR LANE  
**CITY-ST-ZIP** DESTIN, FL 32550

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** VD ☒ Change ☐ Addition  
**NAME** Gay, Alonzo Jr.  
**STREET ADDRESS** 8137 Anise Grove Ln. Apt. C  
**CITY-ST-ZIP** Orlando, FL 32818

**TITLE** S ☐ Change ☒ Addition  
**NAME** Gay, Sandra R.  
**STREET ADDRESS** 3150 Dundee Rd.  
**CITY-ST-ZIP** Winter Haven, FL 33884

**TITLE** D ☐ Change ☒ Addition  
**NAME** Wells, Barbara  
**STREET ADDRESS** 105 Parker Ln. N.E.  
**CITY-ST-ZIP** Winter Haven, FL

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

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

**TITLE** ☐ Change ☐ 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:**

*[Handwritten Signature]*

5/19/04

(863) 318-8941