

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001307

FILED
Apr 30, 2005
Secretary of State

Entity Name: ACTS MINISTRIES, INC.

Current Principal Place of Business:

3150 DUNDEE RD
WINTER HAVEN, FL 33882

New Principal Place of Business:

Current Mailing Address:

PO BOX 1758
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-3303480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, ALONZO T SR.
3150 DUNDEE ROAD
WINTER HAVEN, FL 33884 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: VD () Delete
Name: GAY, ALONZO JR
Address: 3137 ANISE GROVE LN APT C
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: GAY, ALONZO JR
Address: 1836 N CRYSTAL LAKE DR #71
City-St-Zip: LAKELAND, FL 33801

Title: PD () Delete
Name: GAY, ALONZO T SR
Address: 3150 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TR () Delete
Name: MAGGARD, CATHERINE
Address: 2958 MASTERPIECE RD
City-St-Zip: LK WHALES, FL 33853

Title: D () Delete
Name: MORRISON, TOM
Address: 28 HIDDEN HARBOR LANE
City-St-Zip: DESTIN, FL 32550

Title: S () Delete
Name: GAY, SANDRA R
Address: 3150 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

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:

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 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 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: ALONZO GAY JR.

VD

04/30/2005

Electronic Signature of Signing Officer or Director

Date