

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 044 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3303480 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				04172007 Chg-NP CR2E037 (12/06)	
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 May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, ALONZO JR 631 SPICE TRADER WAY APT H ORLANDO, FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, JOHN 225 GREY WING COURT VENICE, FL 34292 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUARIZ, MARTIN JR 2514 ST RD 60 W LAKE WALES, FL 33859 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, BARBARA E 582 TERRANOVA CIRCLE WINTER HAVEN, FL. 33884 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAY, ALONZO T SR 3150 DUNDEE ROAD WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, ALONZO JR 222 ALDRIDGE LANE DAVENPORT, FL. 33897 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MAGGARD, CATHERINE 2958 MASTERPIECE RD LK WALES, FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, TOM 28 HIDDEN HAVOR LANE DESTIN, FL 32550 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAY, SANDRA R 3150 DUNDEE RD WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			4-22-07 (863) 318-8941 Date Daytime Phone #		