2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N95000001307

Entity Name: ACTS MINISTRIES, INC.

Current Principal Place of Business:

3150 DUNDEE RD
WINTER HAVEN, FL 33884

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 (X)**

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:	P	( ) Delete
Name:	GAY, ALONZO T SR	
Address:	3150 DUNDEE RD.	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	RICHMOND, JOHN	
Address:	225 GREYWIG COURT	
City-St-Zip:	VENICE, FL 34292	
Title:	V	( ) Delete
Name:	GAY, ALONZO T JR	
Address:	540 TERRANOVA CRT.	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	T	( ) Delete
Name:	MAGGARD, CATHERINE A REV	
Address:	2958 MASTERPIECE RD	
City-St-Zip:	LK WALES, FL 33853	
Title:	D	( ) Delete
Name:	MORRISON, TOM REV	
Address:	28 HIDDEN HABOR LANE	
City-St-Zip:	DESTIN, FL 32550	
Title:	S	( ) Delete
Name:	GAY, SANDRA R DR	
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 exemption stated 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 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 T. GAY, SR. P 01/21/2009

Electronic Signature of Signing Officer or Director — Date