2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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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
Name: GAY, ALONZO T SR
Address: 3150 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: RICHMOND, JOHN
Address: 225 GREYWIG COURT
City-St-Zip: VENICE, FL 34292

Title: V
Name: GAY, ALONZO T JR
Address: 540 TERRANOVA CRT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: T
Name: MAGGARD, CATHERINE A REV
Address: 2958 MASTERPIECE RD
City-St-Zip: LK WALES, FL 33853

Title: D
Name: MORRISON, TOM REV
Address: 28 HIDDEN HABOR LANE
City-St-Zip: DESTIN, FL 32550

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

I hereby 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 all other like empowered.

SIGNATURE: DR. ALONZO T. GAY, SR. PRES 01/06/2010
Electronic Signature of Signing Officer or Director Date